3	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	.1 6	3 3 1
y be		CEASED NAME FIRST (OR PRINT)	LLANDET	erson	MONY.	20. DATE OF DEATH	MONTH DAY YEAR 2019 8	3 10.05AM
ge 4 mo	3. SE	MALE	4. RACE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	* YRS.	AYS HOURS MIN.
deoth. Po		RYHPLACE (STATE OR FOREIGN COUNTRY) Maryland	16 CITIZEN OF WHAT COUN	MARRIE		Ha	rcounty of DEATH rford	MD.
by the fr filed with	-]	Tallston	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE STALL STON	Hospit		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FARMER	F WORKING LIFE) INDUST	D OF BUSINESS OR IRY
in 24 hour	130. 5		NTY 13t. CITY OR		13d. INSIDE CITY LIMITS? YES NO 🔣	13e. STREET ADDRESS		Shrisy.cc
ampletel		Pleasant	Almor	ay	15. MOTHER'S MAIDEN NA	WIDDIE		Lmony
be execu		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	VE WAR OR DATEST	SECURITY NO. 32-012(Mary A. A	ADDRE Lmony	same as	
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of attending physician. After this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled in by as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled in by as the buriot to buriot, cremation, or removals orked or them 18 shows any injury, an other traumatic event, the medical examiner must be agone and the page of the		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost	TE CAUSE (6) CO G	EOUENCE OF	Y ANTE	ny Dise	gran Control	ROXIMATE INTERVAL EEN ONSET AND DEATH OVTHS
requires en signee Then pl	NOI	PART 2 OTHER SIGNIFICANT	ETES MED	LITUS	, CONO	ESTIVE H	HEART FAI	ILULE
The low reition. It has been the permit. It has been shown any in the horse only in the prior of	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	A.	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
PHYSICIAN: PHYSICIAN: this certification to buriol-trons and Mental Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
DING PHYY or attendir After this e as the bu	MEDICAL	216. INJURY OCCURRED WHILE ONT WHILE OF MAT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	A	214 LOCATION STREET	N/A.		
OR ATTENDIA e hospital or DIRECTOR: A bothed for use Dept. of Heall f frem 21 is m		22a I certify that (I) (this hasp sow the deceased alive on above, (I) (we) (did) (did no			d that in (my) (our) apinion	death occurred on the do	ote and hour and from	
OSPITAL ed by th UNERAL d be dete the Stote		276. SIGNATURE GASS. 276. PHYSICIAN'S NAME (TYPE OF S. P.		EXAM	DEGREE MD C ATTENDING 1+Anf-: MYSICIAN 220 ADDRESS FALLS TO			201983. PITAL
BD TO H		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN White H	COUNTY	STATE MA
DHMH - 16 50M 4/82	24 F	Burial UNERAL DIRECTOR NAME COLE AND TO THE PROPERTY OF THE	6/22/1983			TE REC'D. BY REGISTRAR	200 REGISTRAR'S SIGN	ford, Md.

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				EASED NAME	FIRST		MIDDLE	l	AST	1	20. DATE OF DEA	HINOM HT	DAY YEAR	26 HOUR	
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	NATE OF	315		OUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	IED 7	BALTIMORE	ITY OR COUN	TY OF DEATH		
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-	by the	notified		RE de ara	,		HOSPITAL, NURSIN		DR OTHER INSTITUTION		MAN HENA	MOST OF WORKIN	GLIFE) INDUSTRY	TOAN	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	oe execu	medica		AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES?	705-10-87		Mr. 4. Gran				Artwood Re	(21014	
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5, 20	gned en ple burio	njury, ar	7	PART 2 OTHER SIG	NIFICANT	SONDITIONS &		EATH BUT	NOT PELATED TO TH	HE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN PART I	0,	
ORD	been s mit. Th priar to		CERTIFICATION	190 DATE OF OPERA	J. P	, 10,	, E	00000000	N WAS PERFORMED		700 AUTOPSY	2 701 15	YES, WERE FINDI	NGC NGC	
REC		ws any	FICA	196 DATE OF OPERA	TION	190. CONL	IN ION FOR WHICH	OPERATIO	N WAS PERFORMED			1 IN CE	RTIFYING CAUSES	OF DEATH?	
TAL	N: The sysicion icate h ransit p Hyguer	18 show	ERTI	210. ACCIDENT WAS UN	DERLYING F	7 716, TIME O	OF IN HIRY		ZIc. HOW INJURY (OCCURRE	YES NO	70	19 8491 (09 8491 3)	NO []	
<u> </u>	PHYSICIAN: T ending physici this certificate te buriol-transiti ad Mentol Hygi	n 18		OR CONTRIBUTING	CAUSE OF DE	HOUR A	.M. MONTH DA	Married Williams		OCCOME	(ENIER MAIORE	or indigital indigital	TO PART TORPART 2)		
Z	IYSICIA ding pl is certifi buriol-ti Mentol	or Item	MEDICAL	21d. INJURY OCCUR			OF INJURY	19	211 LOCATION	-					
VISIO		marked o	ME	WHILE AT WO	HILE	(AT HOME, SI	TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET		- (1)	7	COUNTY	STATE	
ō	ENDING tal ar off DR: After r use as the	mar		220.1 certify that (1)		ital) attended t	he deceased from_	3	13/ 19	23	_, to	19	19.83	that (1) (we) last	
	spital Spital CTOR:	21 is		saw the deceas above, (1)-(we) (ed alive an	t) view the ond	other death	3_, 4	nd that in (my) (our) o	opinion de	oth occurred on	the dote and	hour and from the	coppes flated	
	Per Per	If Item		226. SIGNATURE	1		- Committee	1	DEGREE				DATE DATE	SIGNED	
	y the RAL DI detoch ote De			-	FRA	of C	- Cloon	and	MAD ATTENT	IDING ICIAN	MEDICAL DIRECTOR F	STAFF HYSICIAN	6/4	1/83.	
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	of of short	₹	23a. B	URIAL, CREMATION	REMOVAL				EMETERY OR CREMA		23d LOCATIO	7	40,000		
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DH	1MH - 16 50M 4	/82	24. FL	SOME PHEN	Pam F	oster)	W. Brondies	MAM	illams Sta	25e. DATE	REC'D. BY REGIS			THE PERSON NAMED IN	
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Howard K. McComas III. Abingdon, Md. 21009

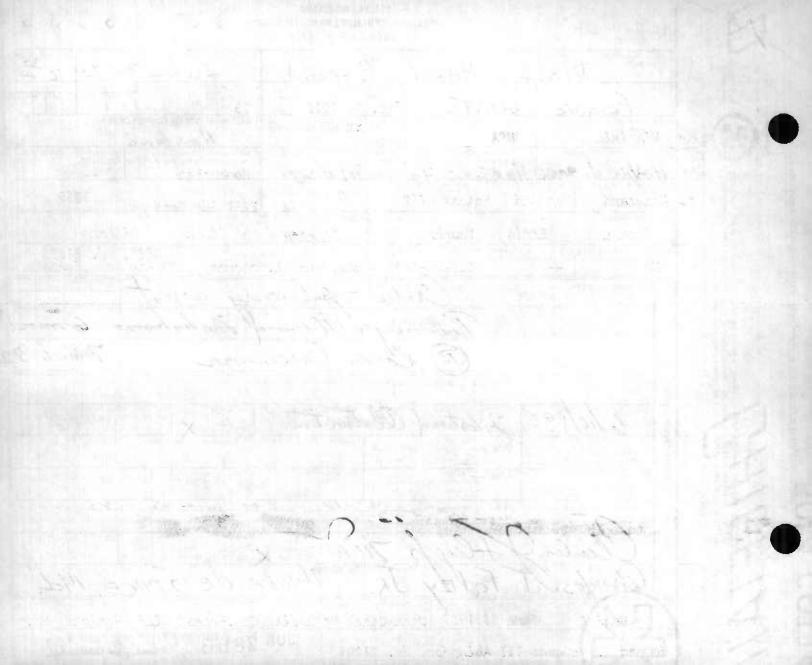
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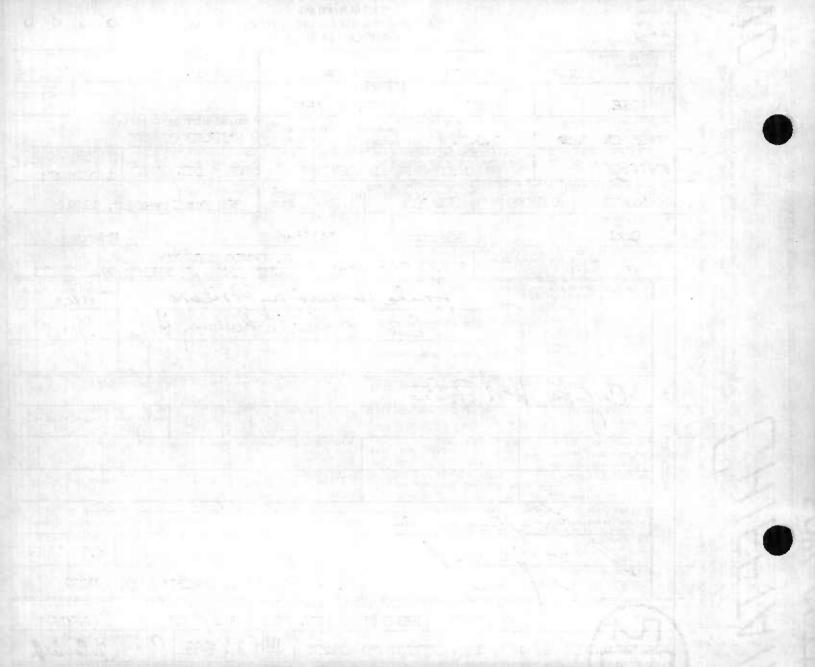
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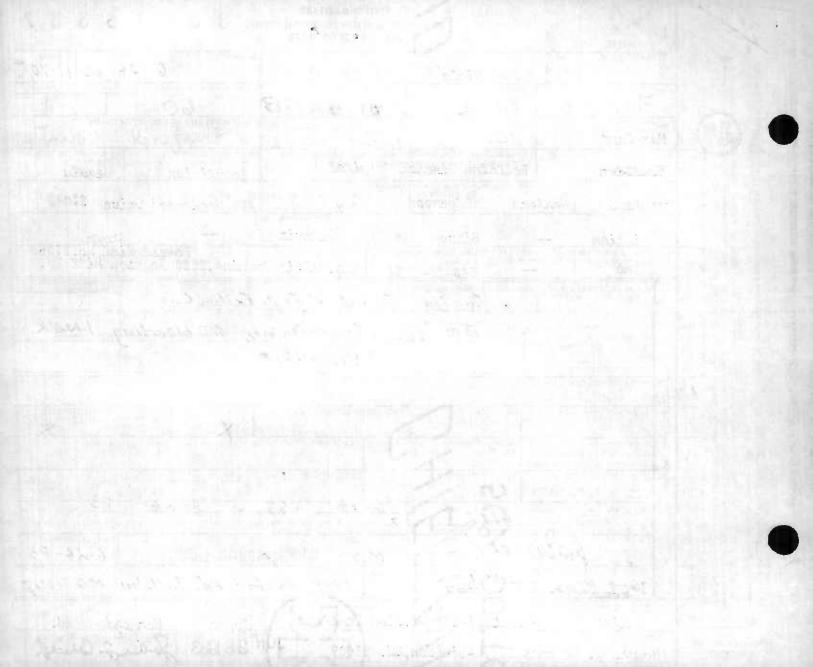
5	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	16334
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ge 4 may ectar, pa	3. SE	* FEMALE	1 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDA	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
eath. Pareral dir. 72 hours.	70. E	IRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR C	OUNTY OF DEATH MD.
s offer o	10.0	Falls Ton	11. NAME OF HOSPITAL, NURS (IF NAME OF HOSPITAL, OVER STREET	Second Hosp	120 USUAL OCCUPATION	
AND 212 AND 212 n 24 hau filled in hould be	13a.	Md. Hai	ROTHER INSTITUTION GIVE RESIDENCE BEFORM 131. CITY OR TO FOREM	RE ADMISSION) 13d INSIDE CITY LIMITS? YES ON O	13e. STREET ADDRESS	darretsville Rd.
MARYL ted within ompletely and 2 s) 14, F	KYLEN K.	CONNER	15. MOTHER'S MAIDEN NA	BELLE S	5 ARBER
TIMORE, MA	160		MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 216-48-	3554 Harold Ba	rrett. 15 W	V. danetville Rd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratending physician and completely filled in the this certificate has been signed by the attending physician and completely filled in the as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the him and Mental Hygiene prior to burial, cremation, or removal. orked or flem 18 shows any injury, or other traumatic event, the medical examiner must be many than the please of the pleas			DUE TO, OR AS A CONSEO	DENCE OF Intracroned	1 Hemourhay	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
law requires the seem signed be ermit. Then pleas e prior to burial, is any injury, or o	CERTIFICATION		a Atrial Pace	DEATH BUT NOT RELATED TO THE TERM MUDEL & AV dis HOPERATION WAS PERFORMED	sociation.	ON GIVEN IN PART TO Ib. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
AN: The hysician ficate ho transit p I Hygien 18 shaw	/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		DAY YEAR 216. HOW INJURY OCCUR	YES NO PROPERTY IN	YES NO I
DING PHYSICIAN or attending ph After this certifice as the burial-tr light and Mental I	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
attenbin spital ar CTOR: Af Ifar use of far use of af Healt		saw the deceased alive on	ottended the deceased from	33, and that in (my) (our) apinion	death accurred on the date	ond hour and from the couses stated
TAL OR y the hory the hore detached tote Dept		22b. SIGNATURE	AND	DEGREE MD. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 6-5-P3
TO HOSPITAL C retained by the TO FUNERAL D should be detact with the State D		LOTGE H.	Ordonez Smith	Falls To	m, Md.	
BP		BUMAL, CREMATION, REMOVAL ISPECIFY) Burial		NAME OF CEMETERY OR CREMATORY est Nottingham Cem.	23d LOCATION CITY OR TOWN COLOTA	Cecil MD
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR NAME Ohn H Harking	ADDRESS	25a DA	TE REC'D. BY REGISTRAR 25 UN 8 1983	PEGISTRAR'S SIGNOURE

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	14. FATHER	FIRST	WIDDIE	IAST		15. MOTHER'S MAIDEN N		DDLE	LAST	
omplete ond 2		- 50	Elis	Vaughan		Genetta	Ell		3ilham	
Poges 1	LYES, NO	DECEASED EVER IN U.S. AI	RMED FORCES?	16b. SOCIAL SECU		17. INFORMANT		ADDRESS Hill	e, Md. 21	1050
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n signe Then p ta bui injury,		1 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	R CONDITION GIV	EN IN PART 110	
0 - 0 ×	CERTIFICATION 130° [DATE OF OPPRATION	1% CQN	DITION FOR WHICK	DPERAPION	WAS PERFORMED	200 AUTOPS	? 20b. IF YES	, WERE FINDING	S USED
has be permi	J. I.	6/10/83	2	Testional	ally	Suction	YES TI NO		YING CAUSES OF	F DEATH?
hysicion. Icate has ransit per Hygiene 18 shaws	21e.	ACCIDENT WAS UNDERLYING [OF INJURY		21c HOW INJURY OCCU				
certificate riol-transi entol Hygi them 18 sh	000	ONTRIBUTING CAUSE OF DE	A111	A.M. MONTH DA	AY YEAR					
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After the construction of	₹ wh		(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC }	ZIMEEL		IT OK TOWN	COOKIT	SIAIE
or use o sealth	22a.	certify that (1) (this hosp	oital) attended t	the deceased from_	me	rel 19 8	270 Que	ce- 2.5	19_\$3, the	ot (I) (we) lost
pritol TOR for u		naw the discosed olive o	ot) view the bod		3 , on	d that in my) (our) opinion	n death occurred or	the date and hou	r and from the co	uses stated
he hos DIREC roched Dept.	27b.	formy 1	11/	01	-,	DEGREE		E 155 1978	22c. DATE SIG	GNED
AL DI Jetocl Ste Do T: If th		Clarkes	41	ollyp	. n	1. W PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN		
FUNERAL UID be det of the State ORTANT:	224	PHYSICIAN'S NAME (1149)	Confirm or	-11	T	22e ADDRESS	2/-			111
retained by to FUNERAL should be defined with the State IMPORTANT:	(MARIESU	J. to	ONAY.	UR.	1777UN	E UE	TRA	CE. /	1d.
with the state of	23a. 8URIA	L, CREMATION, REMOVA	L 23b. DATE	73c 1	NAME OF CI	EMETERY OR CREMATORY	23d. LOCATIO	N COMP	COUNTY	67.175
BP	(SPEC#	Burial	June 28	,1983 De	er Cre	ek Methodis	t dem. For	est Hill	Harford	d Md.
H - 16 50M 4/82		AL DIRECTOR				25g. Pr		STRAR 25 REGIST	RAR'S SIGNATUR	E
(VRA 15, 4)	Howa	rd K. McComa	us III A	bingdon,	Md. 21	1009	40 803	John	to who	W/







The said the said of the said The Finding of the Control of the Co Department Bell 158 - x Herbert Bell Mainte and the state of t Beauty V > A that would be to be a selected as 17 Jan E8 TE 2-07 18 10-1 37 83 LYSATIN, HAWLEL 1131 BOLK EN PULK IN and from you Charles

*		FOR		DEPARTMENT OF HEA	LTH AND MENTAL	HYGIENE 3	16339
		STATE REGISTRAR	ME	DICAL EXAMINER	S CERTIFICATE	OF DEATH REG. 1	40.
		CEASED NAME RIST FIRST ROSA	Hel	en I	Blake	20. DATE KNOWN OF ESTI- DEATH MATED	
SARY, PLEAU DIRECTORY YOUR FILE IN 72 HOUR STREE	3.560	male Cauc	5. DATE OF BIRTH	6. AGE (IN YEARS	FUNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	G 3019 83 LLBM
SE S	FO	RTHPLACE ISTATE OR REIGN COUNTRY) est Virginia		HAT COUNTRY? 8. M	ARRIED NEVER MAR	RIED	OR COUNTY OF DEATH
DELAY IS NE TO THE FUI V PAGE 5 BE FILED DE, 201 W.	10. C	ALLS TON	11. NAME OF HOS	SPITAL, NURSING HOME, OR ACILITY) GIVE SMET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (T FOR MOST OF WORKING LIFE) Housewife	VPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
MD, 21201 TH. IF AND 3CIA WA, 3. RETAIN PA ID 2. SFOULD BE F ITAR RECORDS.		TATEMD. 13b. COUN	DROTHER INSTITUTION, G	NE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Whiteford	13d. INSIDE CITY LIMITS?	13+ STREET ADDRESS	ord Road
RE, MD. DEATH. IF SES 1, 2, A PM 3. A PM 3.	14. F/	ATHER'S NAME FIRST John	MIDDLE	Workman	15. MOTHER'S MAII FIRST Prisc:		Gross
L., BALTIMORE, URS AFTER DEAS B. GIVE PAGES WITH FORM PA TIT. PAGES AND DIVISION OF WITH	I éa V	VAS DECEASED EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO 183-18-7336	, 17. INFORMANT		Miteford Rd.
HOUS AG W WE' D		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	lly ane cause per line D BY: TE CAUSE (a)	e for (a), (b), and (c).) Co No NA NY	ALTERY	DISEASE.	APPROXIMATE INTERVAL BETWEFN ONSET AND DEATH
01 W. PRESTON 51., TED WITHIN 24 HOUF TED WITHIN 24 HOUF KAMINER ALONG W AL-TRANSIT PERMIT. MENTAL HYGIENE, D N, OR REMOVAL.		Canditians, if any, which	DUE TO, OR	R AS A CONSEQUENCE OF	ENOTIC V	ASWLAR DISE	110
201 W. UTED W. IN PENW. EXAMINATION, OR, OR, OR,		couse (a) stating the <u>under</u> - lying cause last.		AS A CONSEQUENCE OF			
L RECORDS, 201 UID BE EXECUTE "PENDING" IN IN FF MEDICAL EXA BEAS A BURRAL HEALTH AND M NL, CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	DUT NOT RELATED TO THE TERMINAL (PART I (a).	
BOVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECTIVED THE CHIEF MEDICAL RES SHOULD BE USED AS A BUS EDPARTMENT OF HALTH AND OI PROR TO BUSINAL, CREMATH	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY? YES □ NO ❤
SION OF VI RTIFICATE SI VG THE WO SHOULD SHOULD PARTMENT		210 EXTERNAL CAUSE WAS UNDERLYING OR OF CONTRIBUTING CAUSE OF	21b. TIME O HOUR A.A DEATH P.A	A. MONTH DAY YEAR	Ic. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
DIVISION OF VITAL F E. WRITING THE WORD "F RWARDED TO THE CHIEF RAGES 3 HOULD BE USED STATE DEPARTMENT OF H C. 21201 PROR TO BURLAL	MEDICAL	ALL WILLIAM OF COLUMNS	21e PLACE	OF INJURY (AT HOME, 21 ITORY, FARM, ETC.)	F. LOCATION STREET	N/A CITY OR TOWN	COUNTY STATE
A P D D B H D		220. I certify that I taak charg	ge of the remains de	scribed abave, held an A	utapsy , Inspect	Inquiry ,	and in my apinian
AL EXAM HE CERTIF HOULD BI AL DIREC T.TH, WITH E, MARYI		ACTUAL Gan	ushPa	ulhn	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE JUNE 30 83.
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALLIMORE, MARYL		EXAMINER'S NAME GA	NE31+	PRASHU	ADDRESS		
	23e.B	urial, cremation, removal Burial		236. NAME OF CEMETE 983 Finion Chap		23d. LOCATION CITY OR TOWN Delta Vork	County, Penna.
BP	24 F	UNERAL DIRECTOR hn H. Harkins,			125a, DAT	REC'D. BY REGISTRAR 27 RE	GISTRAC'S SIGNATURE
(VR A15 ME (5)) 15M 2/80	30	m narkins,	oud Main	St., Delta, PA.	17314 JU	L 1 1 1302 V	



FOR



(VRA 15, 4)

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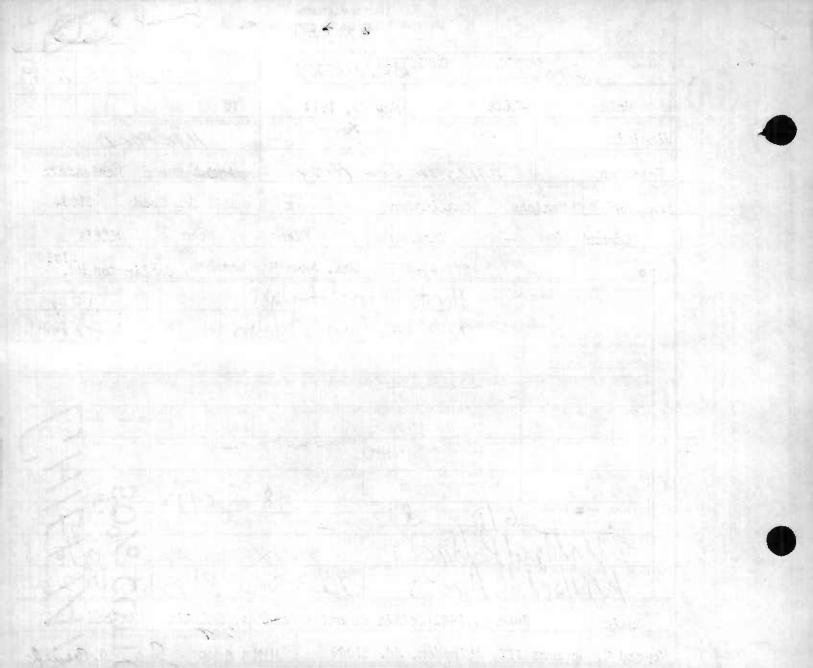
	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE O O	0.	, 0		
		SAMUEL "	CHRISZ	324	BRANHAM	20. DATE OF DEATH	6 11	83	2b. HOUR	5PM
١	3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UI	NDER I YEAR	HOURS	HRS MIN.
١	Male	White		May	28, 1911 YEAR	72	YRS.	ns. Dats	HOURS	otire.
2	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NORCED D	9 BALTIMORE CITY O	R COUNTY OF	DEATH		MD.
1	10 CITY OR TOWN OF DEATH Fallston		HOSPITAL, NURSING HEACILITY, GIVE STREET A	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST C	F WORKING LIFE)	126. KIND OF INDUSTRY Reales		OR
2	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COL		GIVE RESIDENCE BEFORE		A 124 IN IS IDE CITY I II I ITEO					
		Kord	Darlingto		136. INSIDE CITY LIMITS?	3642 Day	Road	21	034	
	14 FATHER'S NAME				15. MOTHER'S MAIDEN NAM	ME				
7	Edmund	MIDDLE	Branhe	am	Elena	Nora	ω	lillis		
	160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRI	SS		21031	
	(IF YES, C	IVE WAR OR DATES)	224-03-0	353	Mrs. Anna Ma	y Branham,	Darling	ton, M	d	
	18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OF DUE TO, OF DUE TO, OF CO.	HEPATS RAS A CONSEQUE	nge of	not related to the term	MAL DISEASE OR CON	DITION GIVEN	4/2	Jegg Jegg	S
,	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		18	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES		?
		CAIR	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)		
	OK CONTRIBUTING CAUSE OF D [IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STA	TE
	220.1 certify that (1) (this has sow the deceased alive c above (1) (we) (did) (did	on () []	1 19 1	6	nd that in (mx) (our) opinion o	deoth occurred on the d	ote and hour on	-	thot (I) (we causes state	
	27b. SIGNATURE	mel f.	Umos		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	IGNED /	8:
	22d. PHYSICIAN'S NAME (IVA	OR PRINT)	moss		2303 Bp	Jair RUF	allsto	nod	2/04	47
	230 BURIAL, CREMATION, REMOVA (SPECIFY) BWIAL	June 1:	5,1983 Be	lAir	EMETERY OR CREMATORY Memorial Gard	ers, Bel Ai	r Har	Tord	Md.	TE.
					200		Inc			

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME

Howard K. McComas III, Abingdon, Md. 21009



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F VIT	WORE WORE WORE WIND BEUR	ERTIF	21a EXTERNA	AL CAUSE WAS		21b. TIME OF	INJURY		[2]c. H	OW INJURY	OCCURRE	D LENTER N	ATURE OF INJ	JURY IN ITEM T	TB PART 1 (OR PART 2	YES	X)	NO 🗌
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Howard K. McComas III, Abingdon, Md. 21009

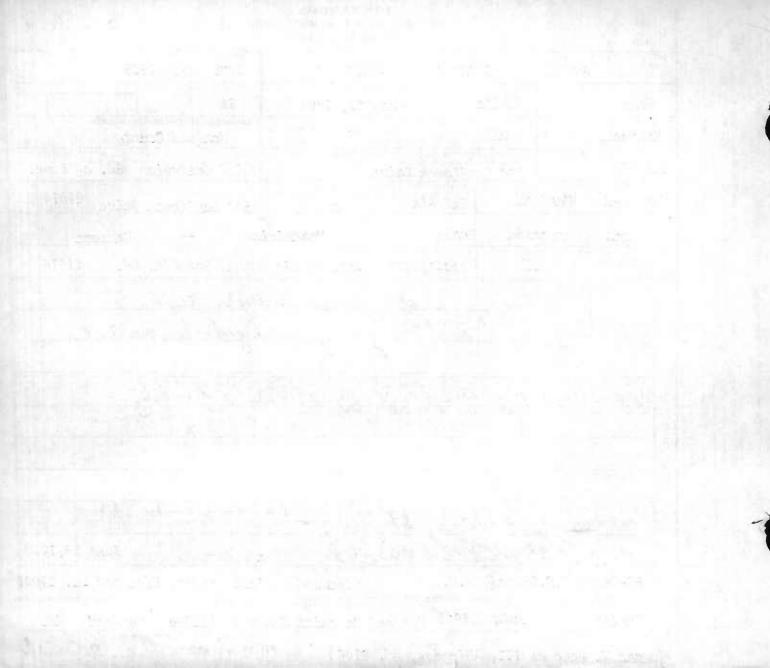
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(VRA 15, 4)

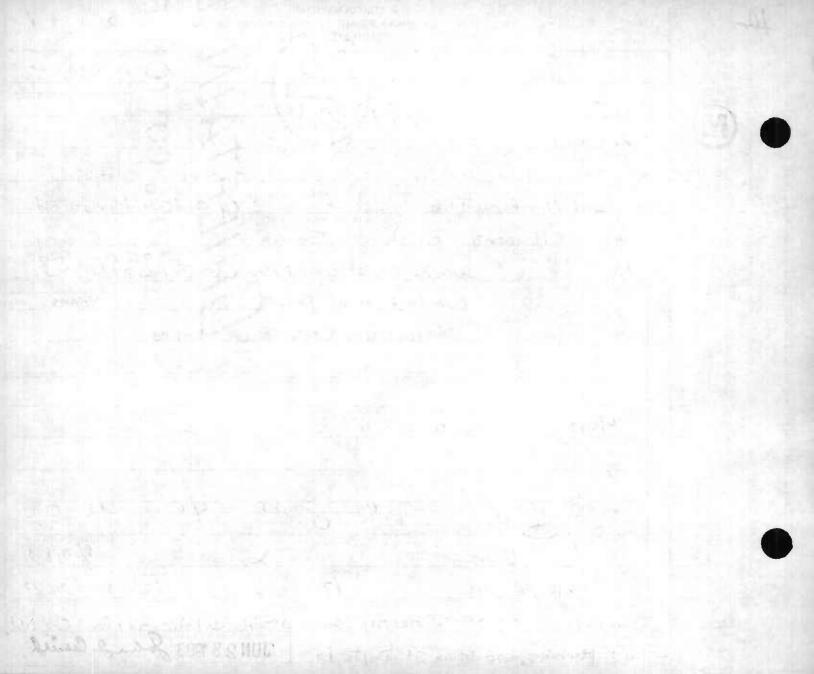
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	B	3. SE)		4. RACE	5. DATE OF BIRTH	YEAR LAST 8	IN YEARS IF U	DER 1 YR. IF UNDER	24 HRS. 2c. DAT		H DAY	YEAR 24 HOUR
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a b	. 200, 1.0		18 CAUSE O PART I DE	F DEATH (Enter onl	y ane cause per line	far (a), (b), and (c).		-			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		5	910	9 IMMEDIAT	E CAUSE (a)	AS A CONSEQUEN	MI / T	0				
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2	THIS CERTIING WARDED TARE 3 SH TATE DEPARED	MEDICAL	21d. INJURY C	CCURRED NOT WHILE		OF INJURY (AT HOATORY, FARM, ETC.)		CATION STREET	CITY OR TO	OWN	COUNTY	STATE
-	ER: THIS CONVARIENCE OR WAITING CONVARIENCE SE PAGE 3	•	AT WORK	AT WORK								
	W & W &		22 n. 1 certif	y that I took charge	e of the remains de	cribed above, held	on Autor	sy , Inspection	n Inquiry	and in my	apinian	
12	A H B U T A	-	death resulte	rom: Notur	ol couses .	Accident X,	Suicide	Hamicide .	Undetermined m	nanner .		
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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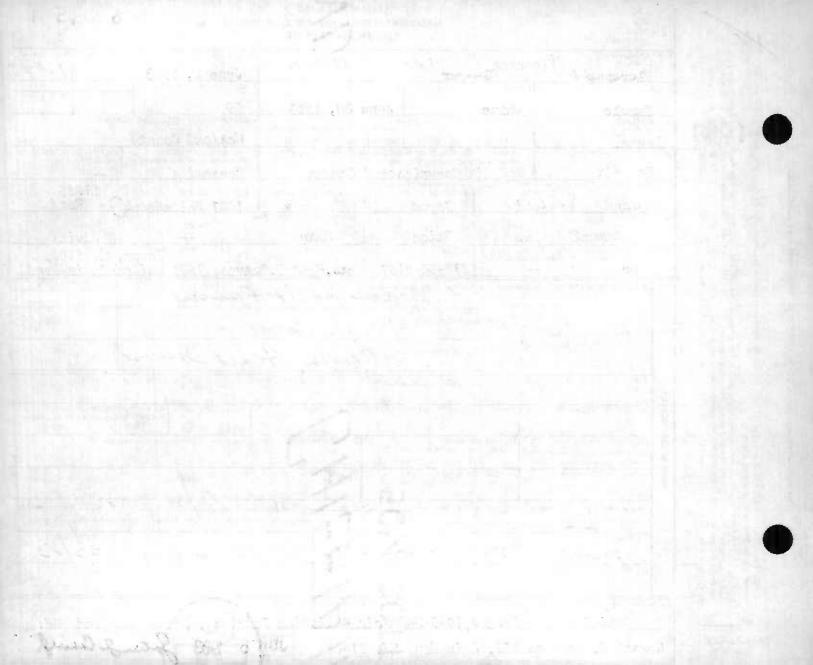
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moy po po de	3. SE	(4 RACE		5. DATE C		6. AGE (INYE	ARS LAST BIRTHDA	MONTH		F UNDER 24 HRS
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ampletely and 2 s	IA FA	THER'S NAME FIRST Gilbert	WIDDLE	Camppbel		Jane	AME	MIDDLE		Ho1	land
Poges 1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS			
0 -	7	No		418-18	-2207	Mrs Dorothy	Abrams-	- Siste	er- Sam	ne as	above
rtificate to physicia and papers emovol.		18. CAUSE OF DEATH (Enter	r anly one couse pe	r line far (a), (b)	od U	T 3	Alle			BETWEEN ON	SET PO DEATH
a physic on paper emoval event, t			DIATE CAUSE (a)	remot	1000	motosis C	CNS	>		7-W	<u></u>
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that the d by the lease rem ial, crems or other t		cause (a), stating the underlying cause last	DUE TO, C	RAS A CONSEQU	JENCE OF						
quires signe Then p to bur	NOI	PART 2. OTHER SIGNIFICAL	nt conditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/					
he law re an. has been t permit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES		Db. IF YES, WEI N CERTIFYING YES []	CAUSES O	
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SICIA ng ph certifi uriol-th entol	3	OR CONTRIBUTING CAUSE O	PEAIN	.M.	19						
PHY endii this nd W dor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	21f. LOCATION STREET		CITY OR TOWN	C	COUNTY	STATE
or att ar atter se as the ealth a		220.1 certify that (1) (this h	ospital) atterded	ne deceased fram.		5/20 1976	, to	10/2	19	53_, th	at (I) (we) las
TEN TOR TOR THE		saw the deceased alive abave N (we) (did) (did	an <u> </u>	19_	85.0	nd thát in (my) (aur) apiniar	death accurre	d an the date	and hour and	fram the ca	iuses stated
Me A		27h SIGNATURE	a not) view the bady	A A A		DEGREE		-		22c. DATE SI	GNED
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HOSPITA Direct by PUNERA Higher States	-	274 PHOSICIAN'S NAME (14 OF 18 11 5	Alling	110	ADDRESS (457	-1)		10	5.1
0 0 0 1 3	77-	HURIAL CREMATION, REMO	VAL 736, DATE	111/2	NAME OF	EMETERY OR CREMATORY	1234 1004	TION	ru 2	40	74
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	24.F	INERAL DIRECTOR	4		TIVEL.		TE REC'D. BY R				
DHMH - 16 50M 4/82 (VRA 15, 4)	1	intant 4	Goods	e ADDRESS	ins 5	un MI	IUN 6	1983	John,	2. Cas	will
	Mary .	W KUMMA A	-71	11/2	77			1000			

STATE OF MARYLAND

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(VRA 15, 4)



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AND 3 TRAIN RETAIN RETAIN		TATE Md	(IF IN NURSING HO	WINTY -	ord C	13c. CITY O	FORE ADMISSIO	۷)	13d. INSIDE CITY	Y LIMITS?	13e. STREE	TADDRESS 07 S	tepn	ney E	Rd.	21	001
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STATE OF MARYLAND

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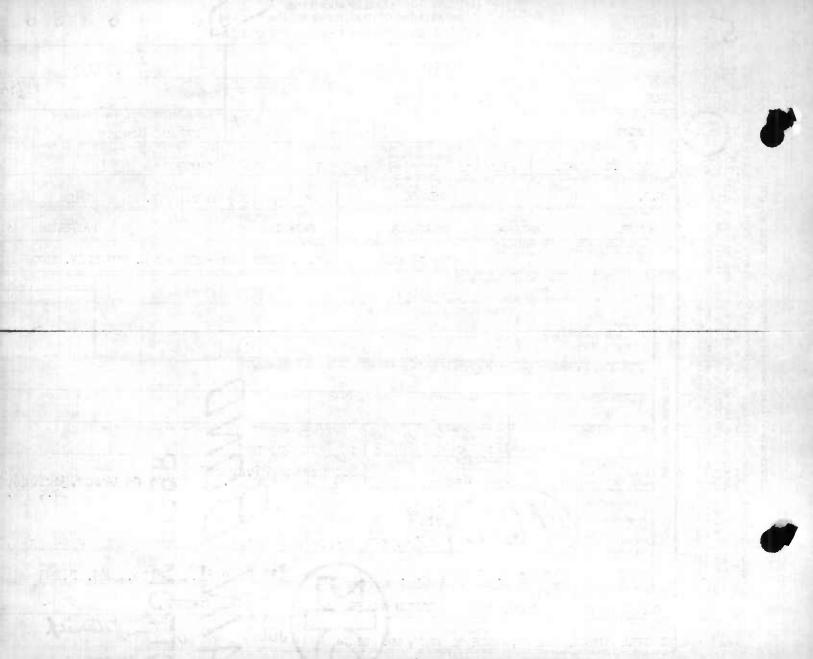
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN [X] 26 HOUR (TYPE OR PRINT) OF ESTI-William William James DEATH MATED Galagarza 6/28/8319 4. RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 3. SEX 24 HOUR 2:10 S. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED MALE WHITE 05 19 1966 17 DEAD 6/28/8319 YRS 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! NEW JERSEY USA Harford County WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Harford Memorial Harve de Grace STUDENT USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NIL COUNTY 3a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS N.J. YES X 37% WAKEMAN AVE. 07104 NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE PATRICIA MASTERTON GAL AGARZA MANUEL ANTIANO 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) I LIF YES GIVE WAR OR DATES! MRS. PATRICIA WAGENFUEHR 425 N. STOKES ST. 21078 219 78 4856 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MIER AL Canditians, if any, which cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL-SED AS A BURIAL -HEALTH AND MER AL, CREMATION, C lying cause last: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 2D AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19g. DATE OF OPERATION E 3 SHOULD BE USED.
E DEPARTMENT OF HE. YES NOY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING KOR WEDICAL 2:00 Noon 6/28/83 subject drowned CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED O MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DEATH, WITE THE STATE DE BALTMORE, MARN SAND, 71201 PE STREET, FACTORY, FARM, ETC.1 WHILE NOT WHILE Harve de Grace water Inspection X Autopsy Inquiry and in my apinian ribed above, held an 72s. Countify that I to Hamicide . Undetermined manner death resulted from TITLE (SPECIFY) SIGNED 6/29/83 ACTUAL Deputy Chiefedical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. Penn St., Balto. Md. 21201 (TYPE OR PRINT) 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION REMOVAL 23b DATE PENN. WEST CHESTER, CRATIN AND FERRIS 1 JULY 1983 CREMATION 250. DATE REC'D. BY REGISTRAR 266 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** MITCHELL FUNERAL HOME PA, HAVRE DE GRACE, MD. 21078 (VR A15 ME (5)) 20M 4/82



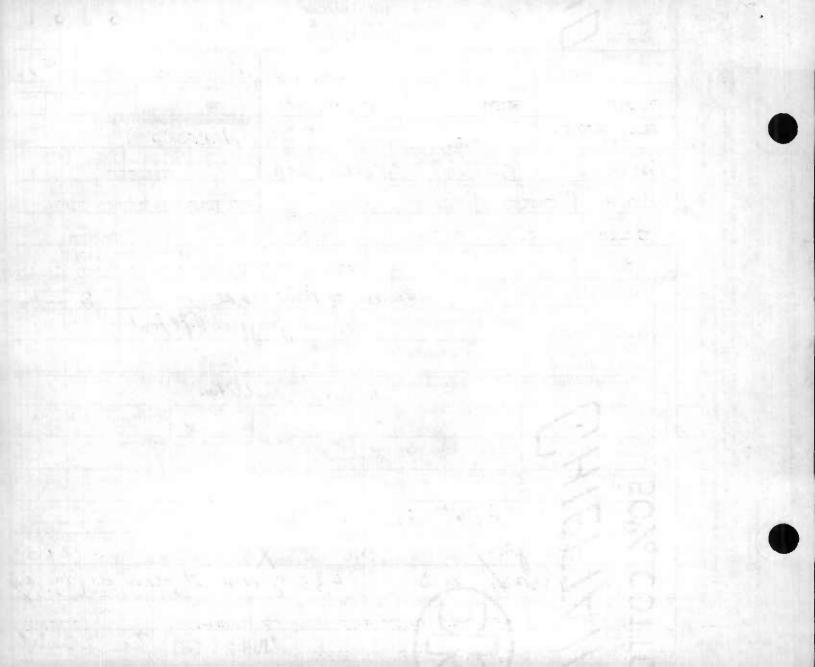
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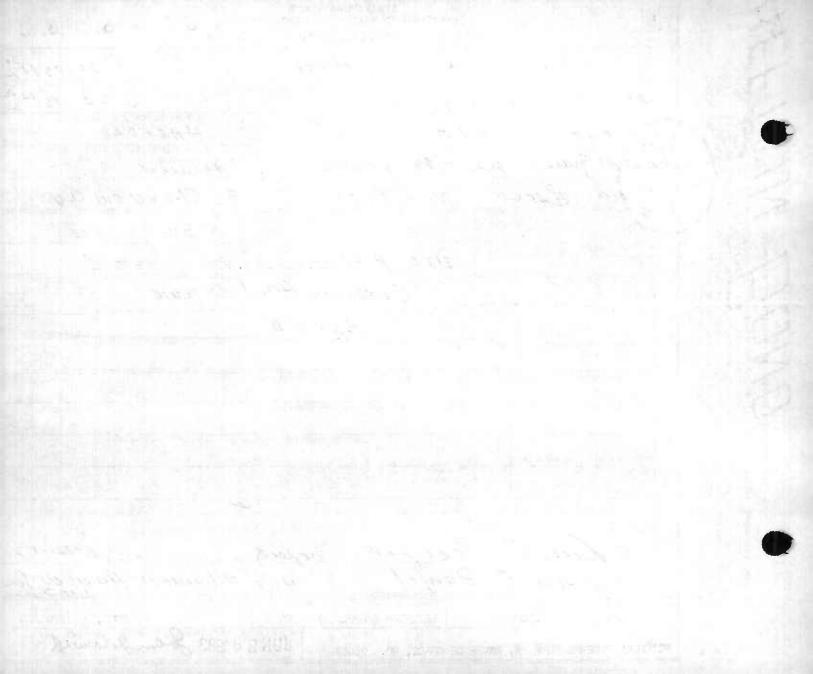
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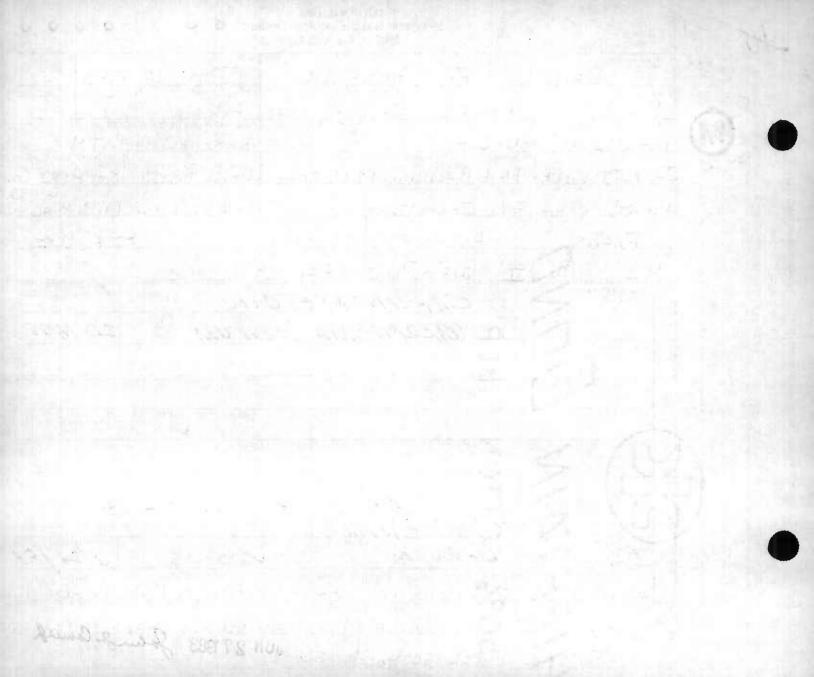
WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

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FOR	DEPARTMEN	STATE OF MAKTLAND IT OF HEALTH AND MENTAL HYG	IENE 8 3	6 3 6 6
STATE REGISTRAR HATTY Educa	nd Hopkins, Sr. (ERTIFICATE OF DEATH (6)	21/83) REG. NO.	
CEASED NAME FIRST HARRY	MIDDLE	toPKING, St.	20. DATE OF DEATH MONTH	1983 95%
MALE		MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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THE STUN SEATH TO				
		NISSION) 13d. INSIDE CITY LIMITS? YES TO NO	13e. STREET ADDRESS	21014
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18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a), (b), and (c)	U -	arrhythmia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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gave rise to immediate cause (a), stating the underlying cause last.)	4	eneralyed	
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22b. SIGNATURE	view the bady after death.	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
0 11 01	//	220 ADDRESS	RE PIRE BET	AiR Ma 21
BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
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MITCHELL FUNERAL HOME PA, HAVRE DE GRACE, MD.

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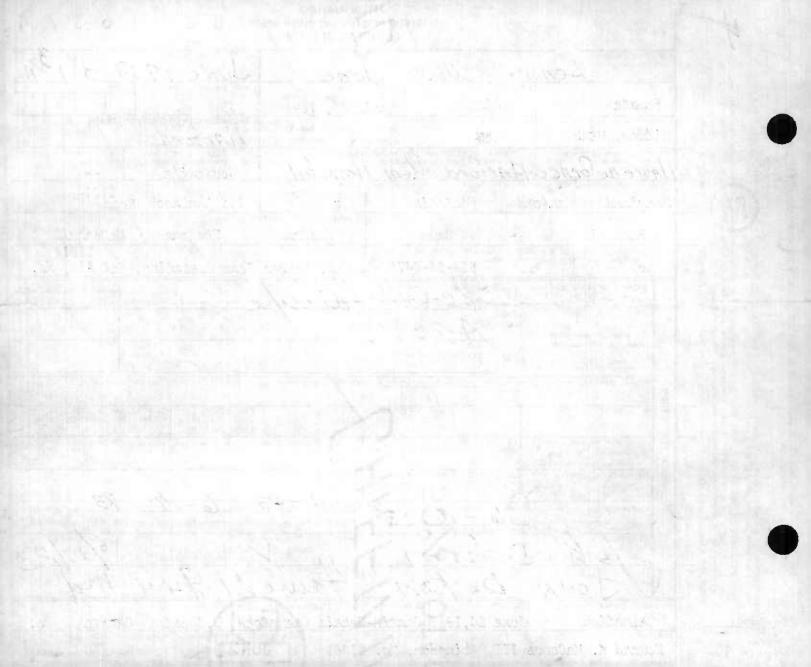
STATE OF MARYLAND

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	22a. I certify that I t death resulted fram:	Natural couses	scribed abave, held an Autal	psy , Inspection , Hamicide . TITLE (SPECIFY)	Undetermined manner	and in my opinion DATE	7-43
1/	SIGNATURE ALL	Luc E	DENIGI XI	1111	Clhone	17 Havn	· (4
23a.BU	EXAMINER'S NAME (TYPE OR PRINT) RIAL, CREMATION, RE- GEFY) BURIAL		PENJEL JULI 133. NAME OF CEMETERY OF		Allaus (13d LOCATION CITY OR TOWN Glenburn	IT flave	LL P STATE Md.

The second of th

	1_	- 1					MARYLAND	0 7	1 2 7	~7 3
·t	1		1-	FOR STATE REGISTRAR	DEPART		TH AND MENTAL HY		100	14
			1. DEC	EASED NAME FIRST	WIDDLE	LAST		REG. NO		но т
ې م	deop		(TYPE	Lence Lence	ore Wardl	0.10	nes	JUNE	171983	19 AM
			3. SEX		4 RACE	5. DATE OF B	IRTH	6. AGE (IN YEARS LAST BIRT		UNDER 24 HRS
4	o s			emale	White	April	30. 1898	85	YRS.	OURS MIN.
A A	n 72 ho	81	70. BI	away, Utah	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED [] WIDOWED []	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	MD.
a other of	lied with	66	10.51 HA	vre de Grace	11. NAME OF HOSPITAL, NURSI	ING HOME OR C	THER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	SUSINESS OR
6		35	13a. S	RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY HARLO	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TOV Ord Bel Air	RE ADMISSION) WN 13d	INSIDE CITY LIMITS?	130. STREET ADDRESS	04.44	
111			14 FA	THER'S NAME	MIDDLE LAST	15	MOTHER'S MAIDEN N	AME		
A.	on /s	20		Franklin	Baum		Hester	Elenor		
roam a	edico	1	(Y		RMED FORCES? 16b SOCIAL SEC VE WAR OR DATES) 528-58-4	1. GO	INFORMANT	ADDRE	210	
ă i	2 8			no	nly one couse per landar millon a		Mis. Lenon	e Jean Hesse	ling, Bel Air	TE INTERVAL SET AND DEATH
equires that the death considerable	Then plea to burial		NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF THE TO OR AS A CONSEQUENCE OF THE TOP OF THE T	JENCE OF	T RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART Ita	
I. Iaw	sit permit giene prior shows ony i	9	CERTIFICATION	19a. DATE OF OPERATION	1%. CONDITION FOR WHICH	h operation w	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF YES	
SICIAN: The	tronsit	a	CERI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY	DAY YEAR	c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUS		- 0
	uriol-tron tentol Hy tem 18	/	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	AIR	19				
PHY	o Z P		MEDICAL	WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE,		LOCATION	CITY OR TO	wn COUNTY	STATE
N O N	se os the				ital) ottended the deceased from	16.	-14 19 8	3 10 10-1	9 19 83 the	ot (I) (we) last
ATTENDING Spital or at	for un			sow the deceosed olive on	/ ///	8.3, and th	nat in (my) (our) opinion	n death occurred an the do	ate and hour and from the car	
the ho	. = 0			THE SIGNATURE PULL	Oyun	7 DEC	ATTENDING	MEDICAL STAF		T/P ?
TO HOSPITAL	of the S		(22d. PHYSICIAN'S NAME (TYPE O	D. 74	N	Lawre	de gr	ry ma	1
5 a 5	Short W	-	22 0		1 4 /	- Ind		To a late		
				URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMI	TERY OR CREMATORY	234 LOCATION		
BP				URIAL, CREMATION, REMOVAL SPECIFY) Cremation INERAL DIRECTOR	June 20, 1983 C			tory, W. Ches	ter Chester 25b. REGISTRAR'S SIGNATUR	Pa.

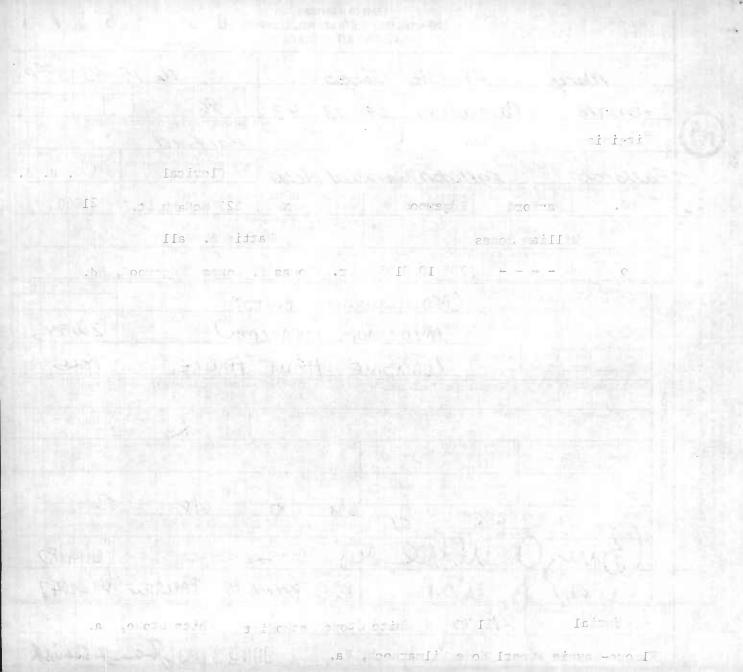


24. FUNERAL DIRECTOR

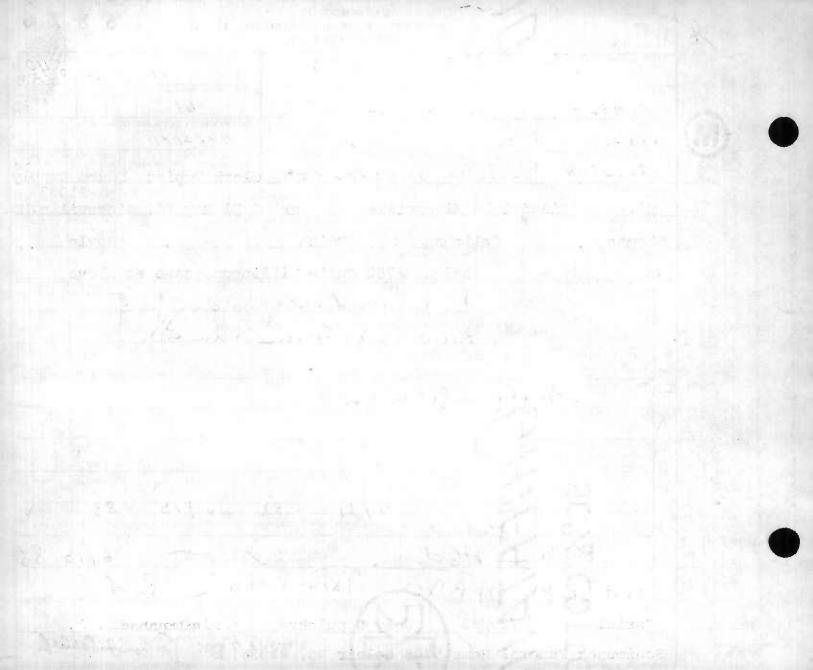
Elmore-Haynie Funerl Home Kilmarnock. Va.

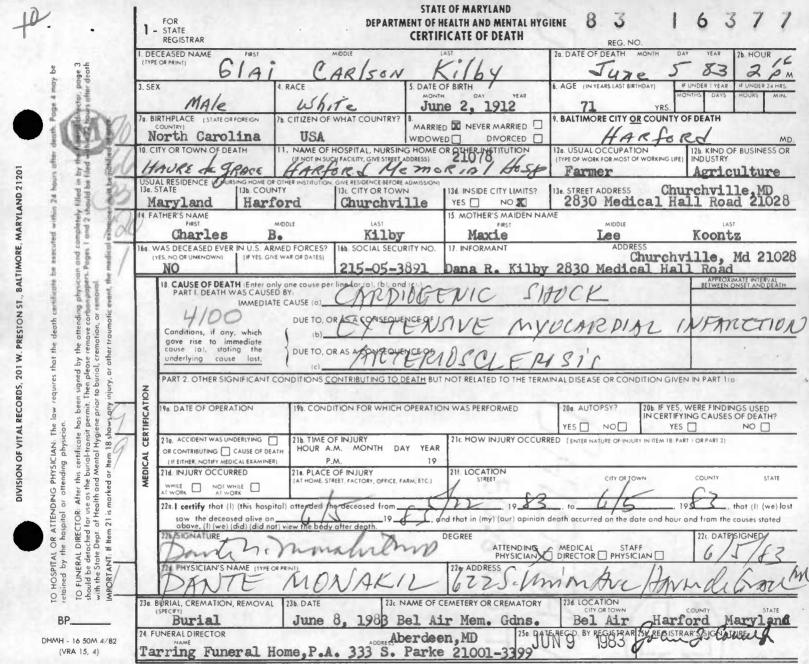
DHMH - 16 25M

(VR A 15 (4)) 9/74



1. 16	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	SIENE 8 3	16	3 7 6
		EASED NAME		441 7	enmetter	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
oy be oge 3 death	(III)	JULE	ELIZAB	ETH .	KENNEDY		04 15 83	3 YAM
ge 4 mo)	3. SEX	FEMALE	CAUCASIA!	5. DATE C	F BIRTH DAY YEAR 1922	6. AGE (IN YEARS LAST BIRTI	HDAY) FUNDER I YEAR MONTHS DAYS	
M) Poo	120	THPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8 MARRIE WIDOWE	NEVERMARRIED	9. BALTIMORE CITY OF		MD
offier de	-2	YOR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV EALLSTON	NURSING HOME	- E	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESSOR
ID 2120 14 hours 14 hours 14 hours 14 hours	13a S	100000000000000000000000000000000000000	OTHER INSTITUTION, GIVE RESIDENCE 13c. CITY O	E BEFORE ADMISSION) R TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		o Supply 21087
within 2 within 2 show d 2 show		THER'S NAME		gsville sı	YES NOTHER'S MAIDEN NA		Rd, Kings	AST
M ched		nomas	Callaha	n L SECURITY NO.	Edith	ADDRE	Boy	le
MORE on ond o Pages			E WAR OR DATES)		Julie Wil			ve
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rottending physician and completely filled in 6, as the buriol-stronsit permit. Then please remove carbonpapers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. orked or Item 18 shows any injury, or other troumatic event, the medical examiner must be an orked or Item 18 shows any injury, or other troumatic event, the medical examiner must be an orked or Item.	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CAUSE OF OPERATION	DUE TO, OR AS A CON (b) R C C DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR	ISEQUENCE OF	~ .	AINAL DISEASE OR CONE 200 AUTOPSY?	DITION GIVEN IN PART 1 206. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED
PYSICIAN: The ding physicion. Is certificate ha buriol-tronsit promoter than 18 show or Item 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	2 1b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YES TO THEM 18 PART 1 OR PART 2)	NO []
DIVISION OF DING PHYSICIA or ottending p After this certif e as the buriol-i olith and Mental marked or item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
TTEND opitol or USE of Heal		22a. I certify that (I) (this hospi saw the deceased alive on abave, (I) (we) (did) (did no	1 1 111	12 -	nd that in (my) (our) opinion	death accurred on the da		
by the hos A by the hos by the hos by the hos be detached Stote Dept.		22b. SIGNATURE	- AGO	lo		MEDICAL STAF	F / /	15/83
TO HOSPITAL TO FUNERAL should be det with the Store		228. PHYSICIAN'S NAME (TYPE OF	DAPRINI) ABO	00.	1814 B	elain	Rd	
BP	(:	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 6/20/83		Sepulchre	23d. LOCATION CITY OF TOWN	tenham, P	A.
DHMH - 16 50M 4/82 (VRA 15, 4)		neral director chimunek Fun	eral Home,		25a. DA	1367 1983		TURE



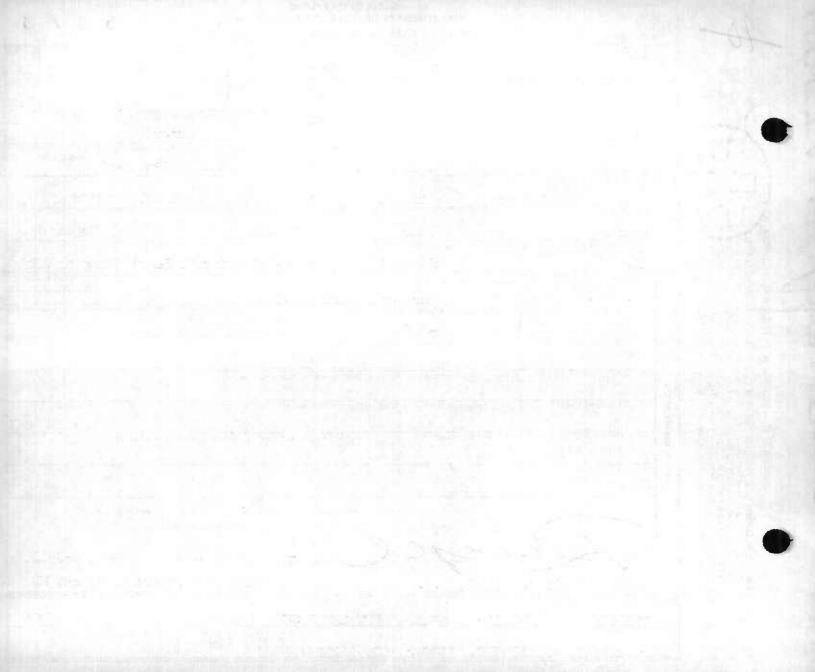


June 2, 1912 . . . The At the plant of the second of the property to the property to the second of the second description in the land of a second first and the s Single and short the defeat. Charactile, and constant Charactile, and Charactile, and Charactile (201-25-) of the C The contract of the contract o

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2g. DATE KNOWN 26. HOUR (TYPE OR PRINT) ESTI-NMT Lems DEATH MATED 30 19 83 5A M Robert 3 SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 12 18 09 73 W DEAD M 1983 7:30 6 - 3BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TEVER MARRIED OREIGN COUNTRY) USA Harford Germany WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Retired (Butcher Mea TRY TAIN 623 Weatherby Rd. 21014 Bel Air Processor USUAL RESIDENCE (IF IN NUMBER) HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE THE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 7726 Gough St. Baltimore 21224 Baltimore MD NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST FIRST Margaret Reges Lems George 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES 214-01-1826 Wife (Catherine M. Lems) (Same as 13e) No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Heart Disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which ASCVD gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION ICATE, WRITING The ICATE, WRITING The E FORWARDED TO THE CH. TOR: PAGE 3 SHOULD BE USED A THE DEPARTMENT OF HEA "PER TO BERTALL OF 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 21f. LOCATION 714 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIF PAGE 4 SHOULD BE FORWARDED TO FUNNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALLLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK x 22a I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 6 - 3 - 83SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME 464 Alliance St. Havre De Grace, MD Luis E. Renjel, M.D. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 6/4/1983 BALTIMORE MARYLAND GREEN MOUNT CREMATORY CREMATION BP 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) WALTER BROOKS BRADLEY, INC. DUNDALK, MD.

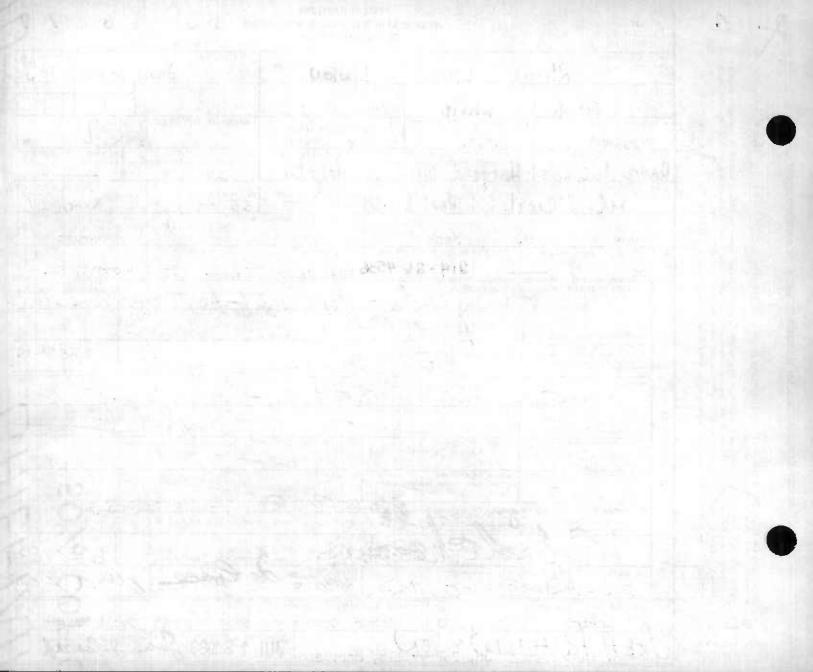
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STATE OF MARYLAND

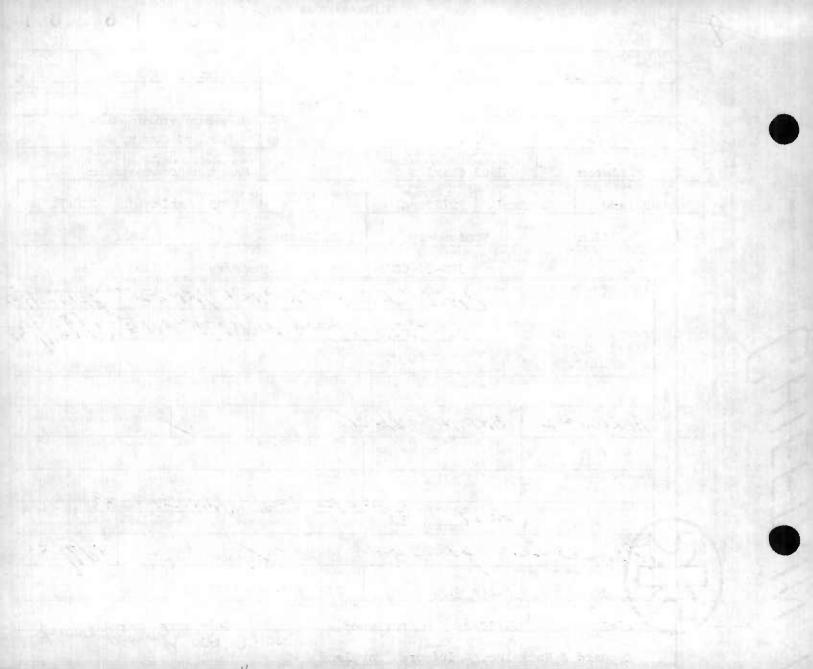


Perryville, Maryland

(VRA 15, 4)



. 1. P. T. P dello 'Theory of the party of the office of Property of the second minute to remark the yeshout brobest offer manager and the rest will be well - or will inclose managerid. religiosis entre a de la presenta de la contraction de la contract Tayon as own characters in some each care Single and It is a provide the spillage in the second control of the second spillage in the 프랑하게 가는 "는다. 그는 다. inc. 그렇게 모르게 들어보면 (inc. e incident) and the control also the second control of the cont the General and a composes and the compo



1.	FOR STATE		DEPARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	163	8 2
CTYPE	(CAPPENS)	acie	Annabelle M	ull		06 06 83	838 _P
1. SE	Female	Whin	Dec.	H DAY YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER 14 HRS
W	est Virginia	USA	WHAT COUNTRY? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Har ford	COUNTY OF DEATH	M
LE	allston	Falls	HOSPITAL, NURSING HOME (CHEACILITY, GIVE GREET ADDRESS) TON GEN. HO.		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife	F WORKING LIFE) INDUSTRY	BUSINESS O
May		county arford	13 CITY OR TOWN Edgewood	13d INSIDE CITY LIMITS?	13e STREET ADDRESS Chip	per Trive	
)	Clark	- MIDDUE	McCoy LAST	15. MOTHER'S MAIDEN NA/ FIRST Gertrude	ME MIDDLE	McCoy	
	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (1	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO. 218-12-4709	Kenneth P.Mu	el, Rt. 1, Box	118A New Ring	gold,P
CERTIFICATION	PART 2 OTHER SIGNIFI		ONTRIBUTING TO DEATH BUT		INAL DISEASE OR CONI	DITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS USED
200	71g. ACCIDENT WAS UNDERLY OR CONTRIBUTING [] CAUS (IF BITHER NOTEY MEDICAL I	COPDEANH HOUR A		21c. HOW INJURY OCCURR	YES NO RED (ENTER NATURE OF INJUR	YES TRY IN ITEM 18 PART 1 OR PART 2)	но 🗌
MEDICAL	21d. INJURY OCCURRED WITHE DOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	72s.1 certify that (1) (the saw the deceased of	did not) view the body	after awarn.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the do	ote and haur and fram the co	
24. FI	BUTIAL CREMATION, HEAD BUTIAL UNICATE UNICOUNTERED UNICOUNTERED UNICOUNTERED UNICOUNTERED UNICAME	June 1	0,1983 Belair Abbingdon, Md.	250. DATI	E REC'D. BY REGISTRAR	r Harkord 256, asgistrar's signatur	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been though be detached for one as the formal transmit permit. If with the State Dept. of Health and Mental Hygietis prior to

HE WAS TO SEE SOME OF BOTH OF BUILD & BEE. John J. Carry Coming.

	STA	TE O	F M	ARYL	AND	
PARTMEN	T OF	HEA	LTH	AND	MENT.	A

	1 -	STATE REGISTRAR				CERTIF	CATE OF DE	ATH		REG. NO). O.			
		CEASED NAME OR PRINT)	FIRST //F/	Á	MIDDLE	(vil)	1125		20. DATE OF D	ATH 30-	MONTH 83	DAY YEAR	2b. HO	4Z M
	3. SEX		14	RACE		5. DATE C	DAY	VE AD	6. AGE (IN YEAR	S LAST BIRT	(HDAY)	MONTHS DAYS		ER 24 HRS
21	1	Male		Whi		March	15, 19	22		51	YRS.			
4		RTHPLACE (STATE OR FO	DREIGN 76		WHAT COUNTRY?	8. MARRIEI	KNEVER MA	RRIED -	9. BALTIMORE	CITYO	R COUNT	Y OF DEATH		
6	Section 1	est Virgin		US		WIDOWE		RCED _	HAC	FOR)	Loui music	05.0000	MD.
2	F/	ALLSTON	TH I		HOSPITAL, NURSIN CHEACILITY, GIVE STREET,		A/	UTION	170. ÚSUALOC (TYPE OF WORK FO	OR MOST O	F WORKING			
5	13a. S	L RESIDENCE (IF NURSIN TATE ryland	ng home or of 13b. COUNT Har	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Street		13d. INSIDE CITY	r Limits?	130. STREET AD 3304 (DRESS Ono	wingo	Road	211:	54
1	14 FA	THER'S NAME FIRST Scott	MI	DDIE M 1	ıllins		15. MOTHER'S A			WIDDLE	Un	derwood	derwood	
1		(AS DECEASED EVER II		ED FORCES?	16b. SOCIAL SECU		17 INFORMAN		4114	330	F Con	owingo		l
		Yes	WW2		235-26-6	305	Margare	et L. M	Mullins,	Str	eet,		_	
		PART I. DEATH WA	AS CAUSED	one cause per BY: CAUSE (a)	line far (a), (b), and		farction	1		83			OURS	ID DEATH
		Conditions, if ony, gove rise to imm couse (0), stating underlying cause		A CONSEQUENCE OF										
	NO	PART 2 OTHER SIGN				DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE C	OR CON	DITION G	IVEN IN PART	(0)	
2	CERTIFICATION				196 CONDITION FOR WHICH OPERATIO			MED	YES N	10 3 ¢	IN CERT	ES, WERE FIND IFYING CAUSE YES		
7	CAL CER	710. ACCIDENT WAS UNDE OR CONTRIBUTING CO	AUSE OF DEATH	1	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJU	JRY OCCURR	RED (ENTER NATUE	RE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2		
	MEDICAL	21d. INJURY OCCURRI	LE 🗍	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		And Market	CITY OR TO	WN	COUNTY		STATE
		220.1 certify that (I) (saw the decease above, (I) (we) (di	d olive on	8/2	6/82 19	6/2/5	d that in (my) (o	19 our) opinion o	, todeath occurred	30/8 on the de	ote and ha	19		(we) lost stated
1		226. SIGNATURE	TRI	8	Barthel	1		TENDING TYSICIAN	MEDICAL DIRECTOR	STAI		6/3	0/83	D
		22d. PHYSICIAN'S NA	ME (TYPE OR F	PRINT)	170%		27. ADDRESS 2501 R	ocks R	d.,Fore	st H	1111,	Ma.2105	0	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

Robert Barthel M.D. 230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE July 2,1983

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Bel Air Bel Air Memorial

Harford Gdns Bel Air Harford Mary

136. Date REC'D. BY REGISTRAR 20 REGISTRAR'S SIGNATURE

JUL 1 1 1983 John & Canif

74 FUNERAL DIRECTOR
John H. Harkins, 600 Main Street, Delta, PA

Maryland

- -

rwi omsimi La Prigordi

eldinitus elomeseus

8/26/12 5/2/kgs

Robert Bartiel . . .

2501 Rooks Ed., Forwart Hill, Md. 21050

BACOL TO SYLON TOTAL

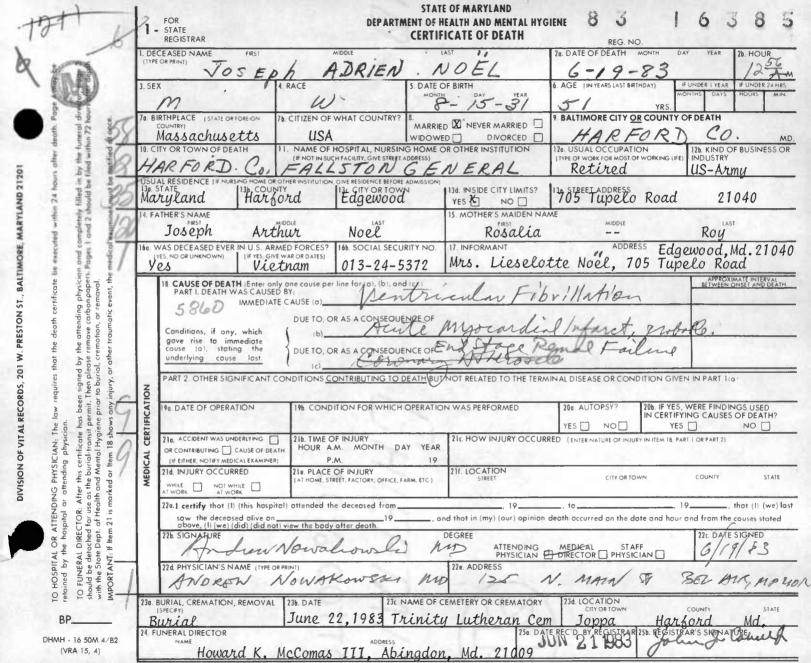
Section of Land

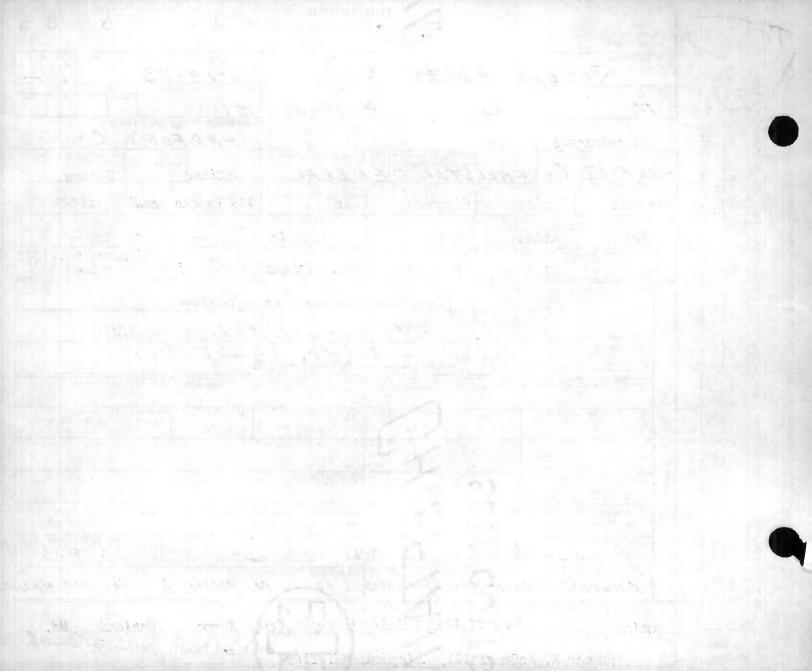
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130/83

(VRA 15. 4)

Macs Suy 2, 1921. england dariord moresen is the Guardian Dr. Lourisian Dr. of the P and Line 10013 (M.m. 602 H). BACKS I BE STATE TO DESCRIPT A DE I fore 17, 1903 to definy tem tory whereast Buriord Margiana Lat. William write superal solo, 7.4., Aperdom, to 2001-5399 Ull 80 at 1 /2-0.

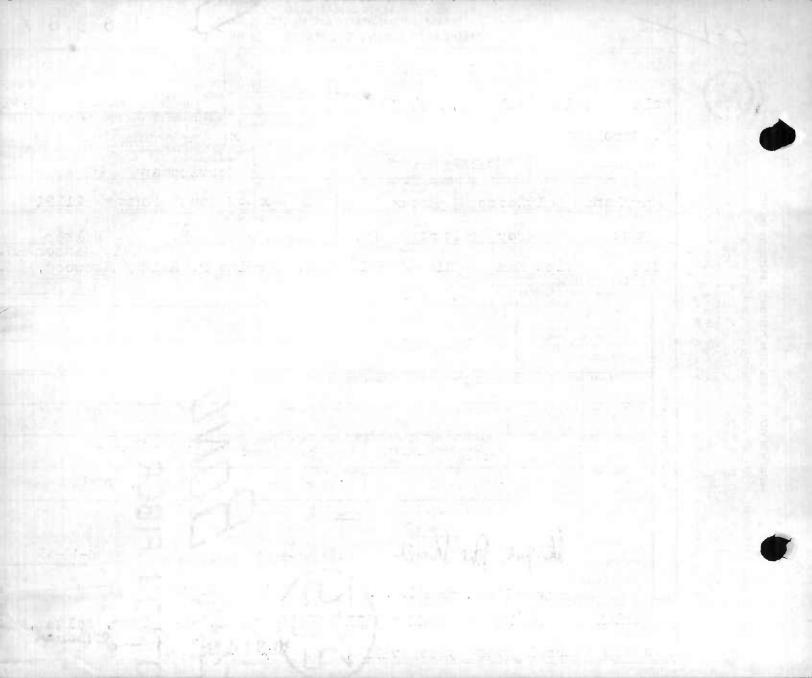




CHING TO PRODUCE SHALL BE SHAL 5-01-12-12-12-12

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-PARKER BOYD Cameron 6-5-83 19 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED July 25, 1944 38 YRS 3:155 Male White 6-9-83 19 DEAD 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED N. Carolina USA DIVORCED X Harford County D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS Winters Run Edgewood Serviceman US Army USUAL RESIDENCE (IF IN NUTLE) OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 6B South Fenway 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore 21221 Essex Maryland NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Wvatt Parker Marcine Walker Leroy Jr. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 2416 Hanson Rd. 218-42-3908 Mrs. Marcine P. Smith/Edgewood, Md. Viet Nam APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Drowning PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRAINST FREE PEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYDIA BALTMORE, MARYDAND, \$1201 PRIOR TO BURIAL, CREMATION, OR PENDANA DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES XX NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH subject found floating in water UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21e PLACE OF INJURY LAT HOME. in water em Edgewood, Marryland Winters Run NOT WHILE AT WORK AT WORK Autapsy XX 220 I certify that I taak charge af the remains described above, held an Accident XX TITLE (SPECIFY) DATE 6-10-83 Assistant SIGNATURE EXAMINER'S NAME 111 Penn STreet 23d. LOCATION Burial Mem. Grdn. Middle River.

250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH - 17** MacNabb Funeral Home Catonsville, Md (VR A15 ME (5)) 20M 4/B2



12	1.	FOR Haro	1ам рат		E OF MARYLAND IEALTH AND MENTAL HY(GIENE 8 3	16388
5 E		CEASED NAME FIRST	MIDDLE	P	AST, L	REG. NO.	DAY YEAR 26 HOUR
s moy be r, page 3	3. SE	× / /	4 RACE	5. DATE O	Tr.ch OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER HES
Poge direct		RTHPLACE (STATE OR FOREIGN	White	COUNTRY? 8.	/25/22 XX	9 BALTIMORE CITY OR COUN	
death. Page funeral direction 7 hours		aryland	USA	MARRIE WIDOW	DE NEVER MARRIED DIVORCED DO DIVORCED DO DIVORCED DO DIVORCED DIVO	Harford 128 USUAL OCCUPATION	MD.
201 rs ofter by the filed win	P	Fallston	(IF NOT IN SUCH BACIL	TY, GIVE STREET ADDRESS)	S P.	(TYPE OF WORK FOR MOST OF WORKIN Pipefitter	12b. KIND OF BUSINESS OR INDUSTRY
24 hau 24 hau 24 hau must be	13e :	at RESIDENCE (IF NURSING HOME OR STATE HIS COUN aryland Wico	Mico Bir	SIDENCE BEFORE ADMISSION) ITY OR TOWN Valve	13d. INSIDE CITY LIMITS?	BX \$ 47 Te	21814 exas Rd.
MARYLAND ed within 24 impletely fille and 2 should	14. F/	THER'S NAME FIRST George I		LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	Goodman	Bivalve, Md.
, BALTIMORE, icate be executivistic on and coopers. Pages over the medical and, the medical	_			6 16 1752	Betty Patr	ick Bx # 47	21814
F GCES		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line fo DBY: TE CAUSE (0)	Cardio	i Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death certification of the control of the control of the corporation, or remained of the corporation of the		4100		CONSEQUENCE OF	7 land	7	
so that the death are by the attending please remove corburial, are other traumation, or other traumatic.		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO OR AS A	CONSEQUENCE OF	Typoreca		
s that ed by oleose rial, cr		underlying couse lost	(c)	F. H	D.	THE PERSON CONTRIBUTION	CDUSAL DA DA DE LA
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RECATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART ITO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir catending physician. After this certificate has been sign os the bund-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATIC	N WAS PERFORMED	20a AUTÖPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
DF VITA IIAN: Ti physici physici rifficate I-fransif al Hygi al Hygi		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M.	NONTH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
VISION OF OPPUSICIA Opposition of the purion of the purion of the more of the condition of	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF IN.	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVIS or after i se as th marked	2	WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospi			6/260 8	3 6/2	19 55, that (I) (we) last
R ATTENIE hospital RECTOR: sed for us ipt. of Hee		spw the deceased plive on above, (I) (we) (did) (did no	6/0	3 19 0 2 0	nd that in (my) (our) apinion	death occurred on the date and	hour and from the couses stated
0 % 0 % 0 E		22b. SIGNATURE	vde/be	Dr. Vac	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
HOSPITAL ined by th FUNERAL wild be det h the Stote		J. Reinhard	/ / /	on Wasses	22e ADDRESS	General Hos	Fallston,
TO HOSP retained TO FUNE should be with the bit with the	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	
ВР		Bürial	6/30/83	Chest	er Cemetery		wn, Md. 21620
DHMH - 16 50M 4/82 (VRA 15, 4)	K	INSTALL DIRECTOR	Of C	hestertow	n, Md.	N.5.3. 1883.	

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	1		STAT	E OF MARYLAND	pra ten p		0 0
	1	FOR - STATE REGISTRAR		FICATE OF DEATH	GIENE & S	163	8 9
per top and deliver		CEASED NAME FIRST	V MARIE D	hillios	20. DATE OF DEATH	15 83	26. HOUR 40 M
M	3. SE	FEMAlk	A. RACE S. DATE OF MONT		6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS. HOURS M.IN.
ê 1/5i	17	IRTHPLACE ISTATE OR FOREIGN COUNTRY (FILL)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR HAREO		MD
S S S S S S S S S S S S S S S S S S S	F	ONSTON	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS) FG USTON SELVERA	11.	120. USUAL OCCUPATION	VORKING LIFE! INDUSTRY	F BUSINESS OR
35	13a	AL RESIDENCE (IF MURSING HOME OF STATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 131: CITY OR TOWNSEL AND FORM OF THE CONTROL OF THE C	YES X NO		21014 MAGE Drive - An	kt. 3B
20			AMES GOSTIN	15. MOTHER'S MAIDEN NA	MIDDLE	SWEE	NEY
the medico		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (14 YES, GI	WEM OF DATES) 166 SOCIAL SECURITY NO. 161-07-4894	ma LEE R, Ph	1879-2581 ADDRESS	interdigitate pers	E-AND 2B
njury, or other troumotic	NC	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) Central Ne DUE TO, OR AS A CONSEQUENCE OF (c) 13 - CAST CONDITIONS CONTRIBUTING TO DEATH BUT	Carcinom		5 y	lears
2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE NOT WHILE NOT WHILE		21c. HOW INJURY OCCUR 211. LOCATION STREET	RRED (ENTER NATURE OF INJURY		STATE
T.:If:them 21 is morke		22a.1 certify that (I) (this hasp sow the deceased alive or	ital) attended the deceased from 1983. o	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, 10	e and hour and from the	
IMPORTANT		John R. W	in gard	120 ADDRESS 600 M.W	olfestree	t, Baltin	ore, Md
2	-	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	JUNE 18, 1983 HESTIVIEW	CEMETERY OR CREMATORY		COUNTY PROPERTY	
4/82	24	UNERAL DIRECTORISM FO	ster WiBrondway & Will	250. DA	TE REC'D. BY REGISTRAR 25		URE

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X		REGISTRAR			CERTIFICA	AIE OF DEATH	REG. NO).			
1		CEASED NAME	FIRST	WIDDLE	£AST.		20. DATE OF DEATH	HINOM	DAY	YEAR	2b. HOUR
poge 3	TYPE	OR PRINT;	ETTIE	P	PLUM	MER		6	19	83	11:00 P
	3 SE	X	4. RACE		5. DATE OF B	DAY YEAR	6 AGE IN YEARS LAST BIRT	IDAY)	IF UNDER	DAYS	# UNDER 24 HRS
4 30 83		Female	White	e	Feb.	19. 1898	85	YRS.	MONTHS	DATS	MIN.
A		RTHPLACE STATE OR FO	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	OF DE	ATH	
(IVI)		irginia	USA		WIDOWER		HARFORD CO	YTNUC			MD.
by the notified v		VRE DE GRAC		HOSPITAL, NURSING ICH FACILITY, GIVE STREET A ENS NURSIT			12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKE)	WORKING LIF		KIND OF USTRY	BUSINESS OR
filled in hould be	130. S Ma	aryland	NG HOME OR OTHER INSTITUTION 136 COUNTY Harford	13c. CITY OR TOWN Churchvi	lle Y	I INSIDE CITY LIMITS?	3416 Walnut	Road	i Ab		1001 en,MD
d 2 sh	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST	15.	. MOTHER'S MAIDEN N FIRST	AME			LAST	
ond land		Wiley	Franklin	Parks		Laura			Wri	ght	. //
Poges		ES, NO OR UNKNOWN)	N U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATES)	16b SOCIAL SECUR		. INFORMANT	ADDRE			210	
		NO		213-52-78	373 R	ita Holcom	3416 Walnut	Rd.			
a physicia an popers emoval. event, the		18 CAUSE OF DEATH	(Enter only one couse pe	r line for (a) (b), and	Ict.)				BE	ETWEEN	MATE INTERVAL
			MMEDIATE CAUSE (0)	010	40			- 18	-		
attending move corb lation, ar r traumatic		33/2	DUE TO, C	OR AS A CONSEQUE	NCE OF						
ove frion aum		Conditions, if ony,									
the remo		gove rise to imme cause (a), stating	the DUE TO, C	OR AS A CONSEQUE	NCE OF						
d by the leose rer iol, crem or other		underlying cause	lost.	1							
0 0 -	-	PART OTHER SON	IFICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT NO	T RELATED TO THE TE	IMMA DISE SE OR COND	ITION GIV	EN IN P	ART 110	1
Then Tro bu	ě	-thile	3/200/n	0	AKGA	N: 190					
asit permit. I	CERTIFICATION	190 DATE OF OPERAT		ITION FOR WHICH (YES NO	YE	FYING C	AUSES	GS USED OF DEATH? NO
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buriol-1 Mentol or Item	CAL	(IF EITHER NOTIFY MEDICA	HOSE OF DEATH	P.M.	19						
	MEDICAL	21d. INJURY OCCURRI		OF INJURY TREET, FACTORY, OFFICE, FA		II LOCATION STREET	CITY OR TOV	VN	COL	UNTY	STATE
se os the calth and marked	*	AT WORK AT WORK	(E	-		2.	1 10		0	2	
R: After use as dealth is mort		22a.1 certify that (1) ((this hospital) attended t	deceased from	2-10	19) to (9-17)		198	2	hat (I) (we) lost
		solv the decrosed	d alve of	y ofter death.	ond t	hat in (my) our) opinio	n death occurred on the do	te and hou	ir and Ire	om the c	ouses stated
DIRECTO oched far Dept. of I		176 S GN KURE	That.		DEC	GREE			220	ADATE S	IGNED
		Valla	· WEVVW	Was Mill	. (//	ATTENDING PHYSICIAN	MEDICAL STAF	IN PA		0 - 0	17.88
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		Poter 1	: Koums	n 111.D	. 8	LTSM27	THEY HA	A 86.	h	M	21001
of of M		BURIAL, CREMATION, F	REMOVAL 23b. DATE	23c N	AME OF CEM	ETERY OR CREMATORY	23d. LOCATION		COUNT		STATE
		Burial	22 Ju	ne 1983 Be	al Air	Memorial Go	dns. Bel Air		Harf	ord	
- 16 50M 4/B2	24 F	UNERAL DIRECTOR		ADDRESS		25e. D.	ATE REC'D. BY REC 1983	15h. REGIS	RAR'S S	LONAK	THE CONTRACTOR OF THE PARTY OF
RA 15, 4)	Ta ı	ring Funer	al Home, P.	A., Aberdee	en, MD,	21001-3399	1011 2 1000	0			

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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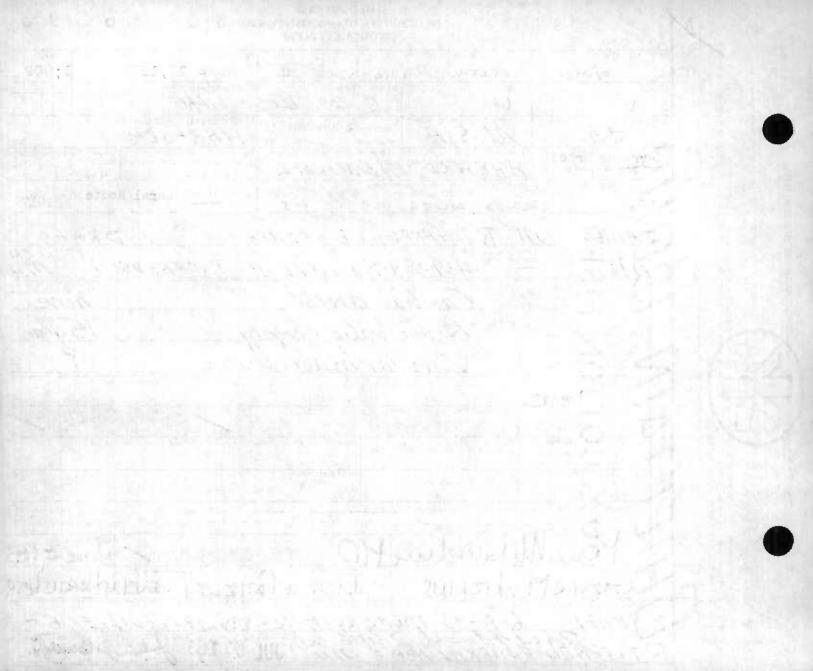
		STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
y be oge 3 death		CEASED NAME FIRST MAR 4	GLADUS		ROAD	26. DATE OF DEATH MONTH	21/83 76 HOUR A
ige 4 may be ector, page 3 urs ofter death	3. SE>	FEMALE	4. RACE WhitE	S. DATE (DER 8 1907	6. AGE (IN YEARS LAST BIRTHDAY) 75	
\$ \$5		OUNTRY) WEST VA.	75. CITIZEN OF WHAT COUN	WIDOWI		HARTEORS	MD.
	HA	TY OR TOWN OF DEATH	M. NAME OF HOSPITAL, N HENOTIN SUCH FACILITY, GIVE HARF GR.D	E MOA	11	170. USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING HOSPITAL-NURS	
filled in hould be	13a. S	MARYLAND AL		TOWN STONE	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS RFD#1 BOX# 39	21538
completely s 1 and 2 s	14. FA	THER'S NAME CHARLES W	ILLIAM TUR	NER	IS. MOTHER'S MAIDEN NA IDA	VIRGINIA	KEPLINGER
an physicion and ca an popers. Pages I emoval.		(16 YES, C	IVE WAR OR DATES)	4-0241	17 INFORMANT CHARLES REXRO	ALEXANDRIA, VI DAD 7919 spotswo	RGINIA 22508 DOD DRIVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ow requires that the death ce been signed by the attending rmit. Then please remove corbinator to burial, cremation, arrowy injury, or other troumotic.	ATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b)	G TO DEATH BUT		AINAL DISEASE OR CONDITION OF THE PROPERTY OF	VES, WERE FINDINGS USED
The licion.	CERTIFICATION	7]a. ACCIDENT WAS UNDERLYING	LICOLOG A MA MONITI	H DAY YEAR	71c. HOW INJURY OCCUR	YES NO IN CER	PRIFYING CAUSES OF DEATH? YES NO 10 18 PART 1 OR PART 2)
	CAL	OR CONTRIBUTING CAUSE OF D	P.M.	19	211. LOCATION		
ottending physici	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
NR ATTENDING PH hospital or atten IRECTOR: After thi hed for use as the ept. of Health and them 21 is marked of	MEDI	WHILE NOT WHILE AT WORK 278.1 certify that (1) (this has saw the deceased alive or	pital) attended the deceased f	rom	nd that in (my) (our) opinion	to 6 - 21	, 19 , that (I) (we) lost hour and from the causes stated
TO HOSPITAL OR ATTENDING PHYSICIX retoined by the hospital or attending p TO FUNERAL DIRECTOR. After this certil should be detached for use as the burioliwith the State Dept. of Health and Mental IMPORTANT: If them 21 is marked or them	MEDI	WHILE NOT WHILE AT WORK 77a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did)	pital) attended the deceased from not) view the body after death.	rom	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [, 19 23 , that (I) (we) lost hour and from the causes stated

Frank White Ton 21 1989 HAVE DE GRACE MARYLAND BRIAN T YEON

	SEX	male	MArt Mrite	5. DATE OF BIRTH MONTH DAY August 26	YEAR LAST BIRTH		F UNDER 24 HRS.	DEATH MATED	MONTH DAY	983 1 YEAR 20
9	1	THPLACE (SEIGN COUNTRY)	AH	7b. CITIZEN OF V	A.	8. MARRIED NEV	DIVORCED		County	
0	R	EI A	- 1	1328 F	SPITAL, NURSING HON FACILITY, GIVE STREET ADDRESS TO SPECH GIVE RESIDENCE BEFORE ADMIS	ill Road	Hou	AL OCCUPATION (TYP OST OF WORKING LIFE)	Hom	OF BUSIN
5	30. S1		d HALE		BEI NO	13d. INSIDE CIT YES 🗌	Y LIMITS? 130. STRE	28 Trospe	ect mill	Road
0		NE!		MED FORCES2	PETERSEN	FIR	ENA	MIDDLE	Christi	ANSE
1	(YE	S. NO. OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	212-74-5 ne for (a), (b), and (c).)	533 wep	Avid J. B.	HOAds ALE	John maryla	LOS LA
		cause (a) stating the under-	I DUE IO. O	R AS A CONSEQUENCE	OF.				
	NO	lying car	use last.	(c)	R AS A CONSEQUENCE		GIVEN IN PART 1 (a),			
2	TIFICATION	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO GEAT	H BUT NOT RELATED TO THE TEN	MINAL DISEASE OR CONDITION				TOPSY?
2	CERTIFIC.	PART 2 OTHER S 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUTION	IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR ING CAUSE OF	(c)	H BUT NOT RELATED TO THE TEN OFTION FOR WHICH OPE OF INJURY M. MONTH DAY YEA M. 19	MINAL DISEASE OR CONDITION RATION WAS PERFORM 21c. HOW INJURY C	NED?	ature of injury in Item 18	YES	
2	CAL	PART 2 OTHER S 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUT 21a. INITIDY	IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR ING CAUSE OF	(c)	DUT NOT RELATED TO THE TEN DITION FOR WHICH OPE OF INJURY M. MONTH DAY YEA	MINAL DISEASE OR CONDITION RATION WAS PERFORM 1210 HOW INJURY O	NED?	ATURE OF INJURY IN ITEM 18 CITY OR TOWN	YES	
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2 3	MEDICAL	PART 2 OTHER S 19a. DATE OF 21a. EXTERN. UNDERLYING CONTRIBUT! 21d. INJURY 0 WHILE AT WORK 22a. I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR)	IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR ING CAUSE OF OCCURRED NOT WHILE AT WORK Ify that I took chars red from: Nature NAME NAME	(c) CONTRIBUTING TO DEATH 19b. COND 21b. TIME C HOUR AJ 21e PLACE STREET, FA ge of the remains de rol couses X,	DEFINIURY M. MONTH DAY YEA M. 19 OF INJURY (ATHOME, CTORY, FARM, ETC.) PSEL M. D.	RATION WAS PERFORM 21c. HOW INJURY C 21f. LOCATION STREET Autopsy , uicide , Homicie TIFLE (SP	Inspection X, de Undete	CITY OR TOWN	PART T OR PART 2) COUNTY DATE SIGNED	E 14, 1

radescent street 1 find 1000 years and 22 Er. x The state of the s ENTER profession of the second SVASO THEST HAVEND 288 W Pout White the continues of a state of Protect Responsibilities of the bull of a new land of the book letters. At the const-A Justinian a product of the parties of the The same of the sa

D	1.	STATE REGISTRAR	DI		ICATE OF DEATH	GIENE O REG. N) 0	0 7 0
- 17		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	(TYPI	E OR PRINT) JAMES	MILTON	RICHAG	Deson III	JUNE 27	,1983	3;00P M
	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		
		M	W	MONTH	38 41	40	YRS.	YS HOURS MIN.
19		IRTHPLACE (STATE OR FOREIGN COUNTRY) A,	76. CITIZEN OF WHAT COL	MARRIE WIDOWE	D NEVER MARRIED .	9. BALTIMORE CITY OF	R COUNTY OF DEATH	MD.
6	6	ologa ma	11. NAME OF HOSPITAL,	STREET ADDRESS	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE) INDUST	D OF BUSINESS OR RY
5	13a. S			DRTOWN	13d. Inside City Limits? Yes 🔲 NO 🏿		Rutal Route	21917
X	14. FA	ATHER'S NAME FIRST TAMES	M. RICH	ARPSOH	15. MOTHER'S MAIDEN N	MIDDLE	BR	LAST 60 FC
1		VAS DECEASED EVER IN U.S. AR YES, NO 99 UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCI	AL SECURITY NO.	17. INFORMANT	A. RICH		COLORA
	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (D BY: TE CAUSE (a) DUE TO, OR AS A COLOR (c) CONDITIONS CONTRIBUTION	NSEOVENCE OF WILL WE NEED TO DEATH BUT			DITION GIVEN IN PART	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NOT	206. IF YES, WERE FIN	DINGS USED SES OF DEATH?
2	MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSS OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK AT WORK	HOUR A.M. MON	19	211, HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF INJU		
		220.1 certify that (I) (this hospi saw the accessed affive an obave. (I) we) (did) (did no 22). SIGNATURE			nd that in (my) (our) opinio ATTENDING PHYSICIAN	MEDICAL STAI	ate and hour and from t	n, that (I) (we) last the couses stated ATE SIGNED
		22d. PHYSICIAN'S NAME (TYPE OF	THUCHIL	is	DEPT OF F	BITHOLOGY,	HELDINH	opaus loss
	B	BURIAL, CREMATION, REMOVAL SPECIFY) RIFL	236. DATE 6-30-83	MEMO	EMETERY OR CREMATORY	WLIES	PEEUILLE	6 A
	24 F	UNERAL DIRECTOR	11/1/1000	al Dici	NG 60, 260. D	ATE REC'D. BY REGISTRAR	A REGISTRAR'S SIGN	JURE

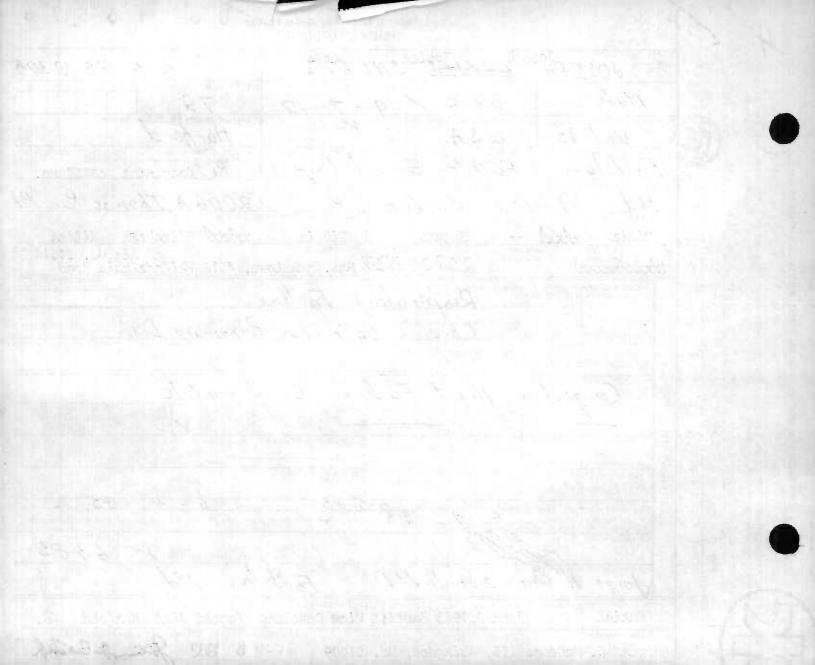


3	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGI	ENE 8 3	. NO.	6 3	9 4
		CEASED NAME OF SE	ophia	MIDDLE	Sch	midt		20. DATE OF DEATH		DAY YEAR	26. HOUR 29
2 65	31115	Sophe	4		Schn	not			6	03 83	3 pm
0 0 0	1. SE		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS
8 1 0 S		Famala	h	hite		27-1897	TEAR		86 YRS.	MOITING DATA	HOURS MIN.
ar America		RTHPLACE ISTATE ON THE	76 CITIZEN OF	WHAT COUNTRY	8.	NEVER MAR	RIED 🗆	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
S. CANEDA	2,	alto Md	II.S.	A .	WIDOWE			HARFO	RD (COUNTY	MD.
100	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		RETHER INSTITUT	TION	12a USUAL OCCUP			F BUSINESS OR
	E	ALLSTON	2011	5-1-13 /	7-12 1	OSPITAL		Housewi			home
the boundary	OSUA 13e. S	LL RESIDENCE (# NURSING HON TATE 13b. CT	OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY L		13e. STREET ADDRES			
Z 11 5	2441		ford	Forest			- -	2306 Ro		cing Ro	pad2105
1 12 10	7	THER SNAME	WEOU	. LAST		15. MOTHER'S MA		E MIDDLE		145	ī
p du / 1/1	V _{iTC}	seph	Koe	enigsama	ark	Anna		MIDDLE		unknov	vn -
ico de co	16a. V	AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADI	DRESS		21206
ote be executed by sisting and compers. Page vol.	nc	ES, NO OR UNKNOWN) (IF TES	, GIVE WAR OR DATES)	220-22-	-3910	Jerome	J. S	chmidt -	5007	Lasal	le Ave.
At bers.		18. CAUSE OF DEATH (Ente	r only one cause pe			-					MATE INTERVAL
L., B phy npol mov		PART I. DEATH WAS CA	USED BY:	CARDI		FAILUR	E			1 4	JUEX .
or re		4409		OR AS A CONSEQU	IENICE OF		300				
death death inn, i		Conditions, if ony, which		ATHERO	SCLE	eosis					
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by thot		underlying couse last.	(6)	JA AS A CONSEGU	DEIVEE OF						
gned buriol, ry, or o		PART 2 OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO				VEN IN PART 110	
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ING PH after the os the l th and	2	AT WORK AT WORK				AN ESSE					AND THE
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TITE Spirto of the		sow the deceased alive above, (I) (we) (did) (did	dant view the bod	y after death	as, or	d that in (my) (gur	opinion de	eath occurred on the	date and ha	ur and from the	causes stated
OR ATTEN e hospital DIRECTOR oched for u Dept, of Hem 21 is		22b. SIGNATURE	1 1		1	DEGREE				22c. DATE	
7 = 2 5 5 E /		U.	1. Hew	cat	11.	PHY:	NDING SICIAN 1	MEDICAL S	TAFF SICIAN [342	8.3.1983
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sho sho	23a E	URIAL, CREMATION, REMOV	VAL 23b. DATE	23¢	NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION		COUNTY	F 7 4 7 F
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	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	16395
ay be		CEASED NAME FIRST FIRST FYA.1	NIC Raiph	Schofield 15. Date of BIRTH	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 40 JUNE 16 1983 7 PM HOAY) IFUNDER 1 YEAR IFUNDER 24 PR
(194)		Male	white	9 22 1911	XX 71	MONTHS DAYS HOURS MIN.
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To other	140	wre de MacE	Harford Human	IAL HOSPITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF RET.	
in 24 hos in 24 hos inhouted be inhouted by	130.	Mu. Recour	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY III CITY OR TOV	YES NO NO	130. STREET ADDRESS	o Bridge Rd.
d with ond 2.		ATHER'S NAME Frederick	Schofield	15. MOTHER'S MAIDEN N. Marbel	WIDDLE	Bullette
o executor of page 1			RMED FORCES? 166. SOCIAL SECTION OF DATES 218-03-		ADDRE Schofild (W	
equires that the death certification is signed by the attending plus place proposed to burial, cremation, or remaining, or other transmistic ever	z	PART I. DEATH WAS CAUSE 2 02 8 IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stofing the underlying cause (ast.) PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO	ENCE OF DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 110
n. no been reprior ne prior ne prior ne prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
DING PHYSICIAN: The or attending physicion or attending physicion be os the burial-transit ofth and Memol Physicion or de or the mass of the order or the morked or tem?	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER: NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	AY YEAR 19 21f. LOCATION	RRED (ENTER NATURE OF INJUR	
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AL OR ATTEN the hospital AL DIRECTOR detached for u ste Dept. of He T: If hem 21 is		sow the deceased alive on above, (1) (we) (did) (did no 27b. SIGNATURE	at) view the body after death	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	
TO HOSPITAL of retained by the TO FUNERAL Is should be deto with the State I IMPORTANT: If	(224 PHYSICIAN'S NAME (TYPE O	OR PRINT) DO V4	V 120 ADORESS VR.	PDE G	RACE MD
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	236 LOCATION CITY OF TOWN DXford	Chester Pa.
DHMH - 16 50M 4/82	20	FM Mullan	R'SINGRES	SqN, Md 250. P		REGISTRAR'S SIGNATURE

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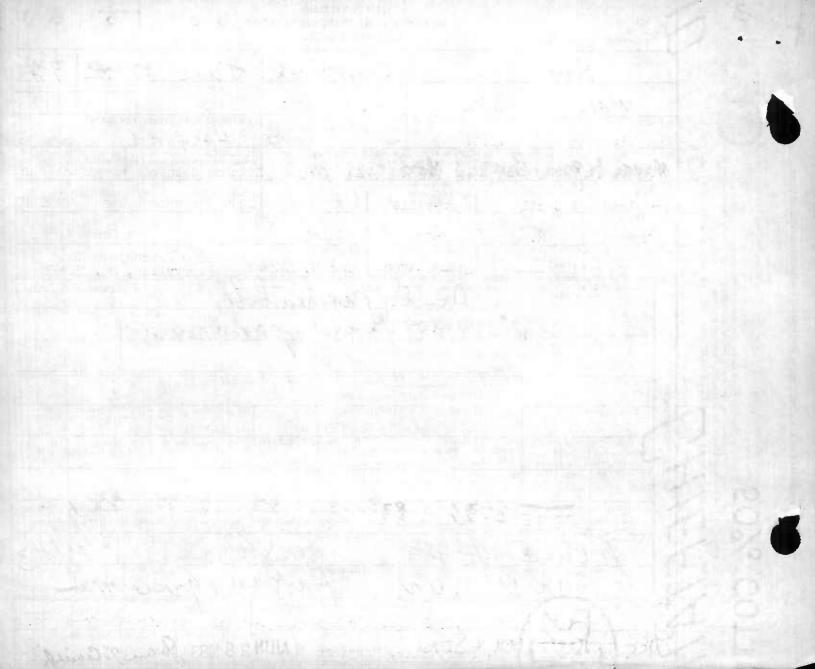
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35	/SUA 30. S1	RESIDENCE (IF NURSING HOME ATE	OR OTHER INSTITUTION, GIVE RESIDE UNITY 13c. CITY	NCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS	13e. STREET ADDRES		2.21	161
ond 2 she	4 FAI	HER'S NAME FIRST	MIDDLE Sm	LAST	15. MOTHER'S MAIDEN			Nelson	201
medicol	óa W (YE	AS DECEASED EVER IN U.S. A S. NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOC GIVE WAR OR DATES) 214	IAL SECURITY NO.	17. INFORMANT	ans 4102	DRESS	Chap	
and by the otherdring physic please remove components trial, cremotion, or removal , or other traumatic event, t		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	SED BY: ATE CAUSE (a) DUE TO, OR AS A CC (b) DUE TO, OR AS A CC (c)	Softer inconstance of onsequence of	Preumou	eitis.		APPROXIMATE BETWEEN ONSE	
prior to bu	NO.	PART 2. OTHER SIGNIFICANT	196 CONDITIONS CONTRIBUT			200 AUTOPSY? YES NO	20b. IF YES, W	VERE FINDINGS IG CAUSES OF	USED DEATH?
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n 21 is mork		220.1 certify that (1) (this has sow the deceased above, above, (1) (we) (distributed	0 6-14	19 § 3 , on		nion death occurred on the	date and hour ar	nd from the caus	
detoched tote Dept. VT: # #em		22b. SIGNATURE	TAL		DEGREE ATTENDIN PHYSICIA	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌	6/14/	73
with the Stote		GUNTHER	Hirsely		131 S. UN	ion the Hu	vne de Gr	ace m)
^ 3 ≤ 2	30. BU	JRIAL, CREMATION, REMOVA PECIFY) Burial	6/18/83	Bel A:	Mem. G.	23d. LOCATION CITY OF TOWN	Air "	OUNTY	STATE
M 4/B2 4)		NERAL DIRECTOR		ADDRESS No		JUN 1-6 1983		S GA	ief

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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	1			STATE OF MARYLAND	6 4	1 1 7 0 0
	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTA		10377
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 14
		Jar	165 Allen	Smith	6	-9-82 8pm
	3. SE.		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN,
	-	Male	While	Nov. 17 19	00 82 YE	
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11	_	Paryland	1 U.S.A.	WIDOWED DIVORCED		Hartora MD.
The second	10 0	TY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE	JRSING HOME OR OTHER INSTITUTION	N 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	128. KIND OF BUSINESS OR INDUSTRY
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0	_	NO	- 0000	30-3913 CLARA	E. PATRICK 393	
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Ollec		cause (a), stating the underlying cause last	100 to opastacons	EDHENCE DI		2
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ury.	z	PART 2. DIHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OF CONDITION	GIVEN PLANTING
	IFICATION	THE DATE OF OPERATION	The state of the s	HICH OPERATION WAS PERFORMED	70n AUTOPSY? ZOL IF	YES, WERE FINDINGS USED
ws ony	12	THE DATE OF GREAT ON	- Unit Complication	SICH PERMISE WAS TERRORITED	IN CE	RTIFYING CAUSES OF DEATH?
or item 18 shows	E	21s. ACCIDENT WAS UNDERLYING	[] 21% TIME OF INJURY	216 HOW INJURY O	CCURRED (ENTER NATURE OF PAJURY IN ITEM	VES NO
4	0.57	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	2.4-2.6-2-4. Target annual 20.4-20.00 to 100-	ON CONTRACTOR OF THE PROPERTY
= /	MEDICAL	THE INJURY OCCURRED	21s. PLACE OF INJURY	211. LOCATION		
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			ospital) attended the deceased f	om 6-8 10	93 10 6-4	19.83 , that (I) (we) lost
		sow the deceased alive	00 6-9	112	pinion death accurred on the date and	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		obove, (I) (we) (did) (did	not) view the body ofter death.	DEGREE		22c DATE SIGNED
		30	and color	A ATTEND	ING MEDICAL STAFF	16/03
-	-	TTO PHYSICIAN'S NAME (TY	PE OR PRINT)	220 ADDRESS	IAN DIRECTOR PHYSICIAN	16/1/85
1	1	FAMAD	101	a w Haine	do Ewaso	hd 21078
	22-	- BUAR	IN TOUR DAYS	31 NAME OF COMESTERY OF COST	TORY 23d LOVATION	7 1001. 1970
6	/30. 8	SPECIFY) REMOVED	JUNE 13, 1983	23c. NAME OF CEMETERY OR CREMAT	O CITY OR TOWN	Hank I would
- /	24 F	DURIAL	JUNE 12 1115	St. Paul's Ceme	PATERECIA BIOGGITANII	THE COLUMN
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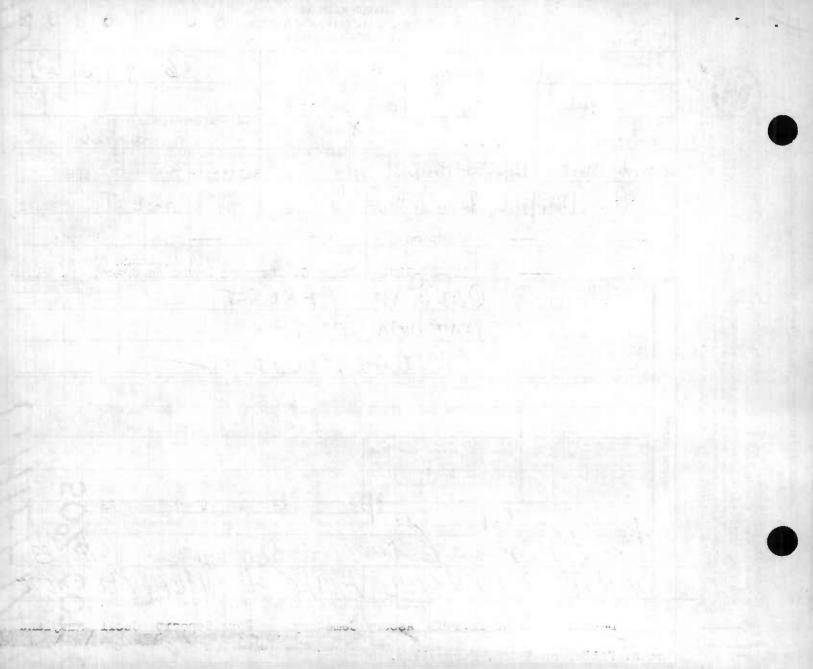
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	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 6 4 0 CERTIFICATE OF DEATH
page 3 r death		CEASED NAME FIRST	MIDDLE LAST USODE TEAT, 20 DATE OF DEATH MONTH DAY YEAR 22 HOL
director, pag ours after de at once.	3 SE	WUSE	4 RACE S DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY # UNDER I YEAR # UNDER LAST BIRTHDAY # UNDER I YEAR # UNDER LAST BIRTHDAY # UNDER I YEAR # UNDER LAST BIRTHDAY # UNDER LAST
72 hour	7a. B	RTHPLACE ISTATE OR FOREIGN OUNTRY LAWFENCE	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DINORCED HAT GOUDTY OF DEATH
d v thing	1	FAILSTON	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY CIVE STREET ADDRESSIFT TO SP. + FALL TREATISTOM CEDETAL TOSPITAL NURSING LIFE INDUSTRY WISH OF MORKING LIFE INDUSTRY WISH NOUSTRY WISH.
34	6	naryland Itar	ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JUSTY 131. CITY OR TOWN 134 INSIDE CITY LIMITS? 138. STREET ADDRESS 205 Idlewild Street—Itpt. 2
completely 11 and 2 should be comple	14 F/	THER'S NAME THEST DAVID	MODIE THEFTIEN IS MOTHER'S MAIDEN NAME MODIE Shattuck
ysician and copers. Pages 1 a poal.	160 V		RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN (WICE) 838-1203 ADDRESS LAKEWING Str - Apt. 20 NEWAROR DATES) 244-60-8216 Mrs. DOTA G. THE CRIEN BELLEN MANYLOND 2101
6 3 5 5			DUE TO, OR AS A CONSEQUENCE OF
een signed by the attending ph Then please remove carbon pa or to burial, cremation, or rem any injury, or other traumatio	rion		DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
te has been signed by the attropermit. Then please remove iene prior to burial, crematic s shows any injury, or other	RTIFICATION	gove rise to immediate cause io), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? YES NO YES NO
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tending physician. After this certificate has been signed by the atts s the burial-transit permit. Then please remove th and Mental Hygiene prior to burial, crematic marked or Item 18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to immediate cause io), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE [(IF EITHER, NOTIFY MEDICAL EXAMINER] AT WORK] NOT WHILE [AT WORK] AT WORK	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? YES NO YES NO YES NO NO 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 216 PLACE OF INJURY 1216 PLACE OF INJURY 1217 CITY OR TOWN COUNTY STREET CITY OR TOWN COUNTY STREET
or attending physician. OR: After this certificate has been signed by the attilise as the burial-transit permit. Then please remove Health and Mental Hygiene prior to burial, crematic it is marked or Item 18 shows any injury, or other the transit of the property or other its store.		gove rise to immediate cause io), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHEER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hosp sow the deceaded alive or above, (I) (way (did) (did in))	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 286 AUTOPSY? YES NO YES NO YES NO CAUSES OF DEATH HICKORY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 216 PLACE OF INJURY 1216 PLACE OF INJURY 1217 COUNTY 1218 PLACE OF INJURY 1219 PLACE OF INJURY 1210 ATTENDED 1210
the hospital or attending physician. A_DIRECTOR: After this certificate has been signed by the atteached for use as the burial-transit permit. Then please remove te Dept. of Health and Mental Hygiene prior to burial, crematic T: If Item 21 is marked or Item 18 shows any injury, or other		gove rise to immediate cause iot, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 21e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK AT WORK SOW the deceased olive or so to the deceased olive or sow the deceased olive or so to the deceased olive or so the deceased olive or so to the deceased olive or so to the deceased olive or so the deceased ol	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b AUTOPSY? VES NOW YES NOW YES NOW 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21le PLACE OF INJURY 12le PLACE OF INJURY
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	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 6 4 0 2 CERTIFICATE OF DEATH REG. NO.				
		CEASED NAME FIRST	EHens.	Thompson	20. DATE OF DEATH MONTH	9 1983 434	
(M)	3. SE	Yala	A. RACE	5. DATE OF BIRTH Oct. 28 1905	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 4 HRS	
eoth. Pagineral dil		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY U.S.A.		9. BALTIMORE CITY OR COUP		
s offer d	Hu	M de MacE	JANLO VA LUM	rial Hisp	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Ballistic Rese		
24 hour litted in hould be must be	13a. S	AL RESIDENCE (IF NURSING HOME OR) TATE		VINCE YES X NO	130 STREET ADDRESS	E ST. 21078	
ored within completely for a short		James	Thompso		WIDDLE	Harris	
be executed with an and complete is. Pages 1 and 2		VAS DECEASED EVER IN U.S. ARI VES, NO OR UNKNOWN) (1F YES, GIVI NO ——	MED FORCES? 166. SOCIAL SEC E WAR OR DATES) 215-09-	Carlotte Committee Committ	ADDRESS 714 Allia Dompson Havre de		
certificate I ng physicis banpapers r removal.		18 CAUSE OF DEATH (Enter only one cause per the Architecture) PART I. DEATH WAS CAUSED BY: 4254 IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:					
e death e attend move ca notian, a traumot		Canditians, if any, which gove rise to immediate	DUE TO, OF AS A CONSEG	MO 90 YOPATH	Y	S Sulat y	
ed by the please ret rial, crem		cause (a), stating the underlying cause lost.	DUE TO, OR ACT CONSEQ	EPHOSCLE1	sosis		
n sign Then r to bu	TION		CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION 200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED	
The law ricion. Ite has beensif permit. Giene priai	CERTIFICATION	19a. DATE OF OPERATION			YES NO	PRTIFYING CAUSES OF DEATH? YES NO NO	
PHYSICIAN: The Inending physicion. This certificate has build-transit per build-transit per and Mental Hygiene don them 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
G Pr	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OR TOWN	COUNTY STATE	
Do V e do E		22a.1 certify that (I) (this haspi sow the deceased olive an obove, (I) (we) (did) (did no	tal) attended the deceased from	3 , and that in (my) (aur) apinic	an death accurred on the date and	, 19, that (I) (we) last have and from the causes stoted	
TAL OR ATTEN TAL OR ATTEN RAL DIRECTOR Getoched for u tote Dept. of He NT: if hem 21 is		ST. SIGNATURE	. much	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/10/83	
TO HOSPITAL (retained by the TO FUNERAL E should be deto with the Store E IMPORTANT: if		DANTE DA	v. MONAK	LIL HOVRE	de GMCE,	Me HOTE	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	June 12,1983	Asbury Cemetery OR CREMATOR	Port Deposit	Cecil Maryland	
DHMH - 16 50M 4/B2 (VRA 15, 4)		e A. Patterson	& Son, Perryvi]	le, Maryland	HITERESP BY REGISTRAN 24 REA	SISTRAR'S SIGNATURE LA	



Howard K. McComas III, Abingdon, Md. 21009

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

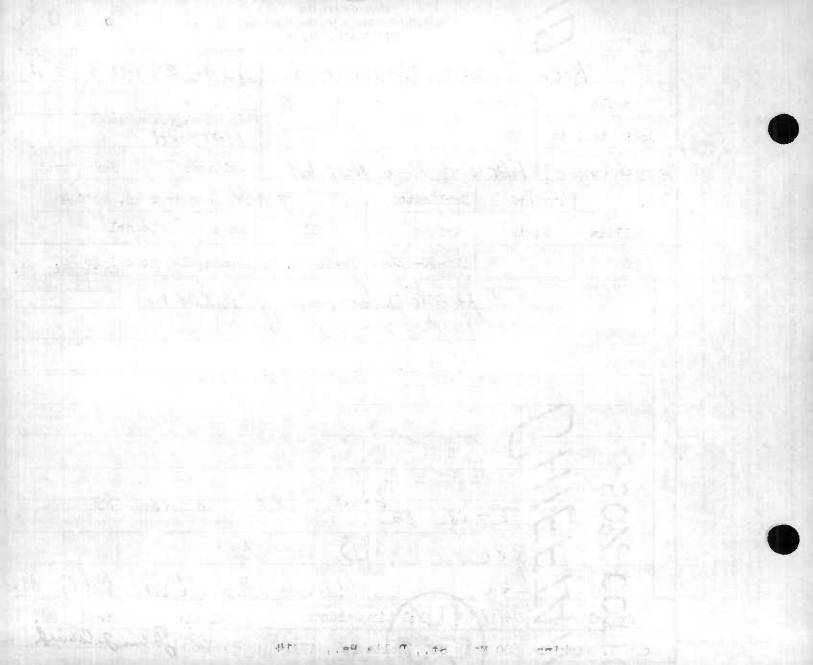
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DHMH - 16 50M 7/77

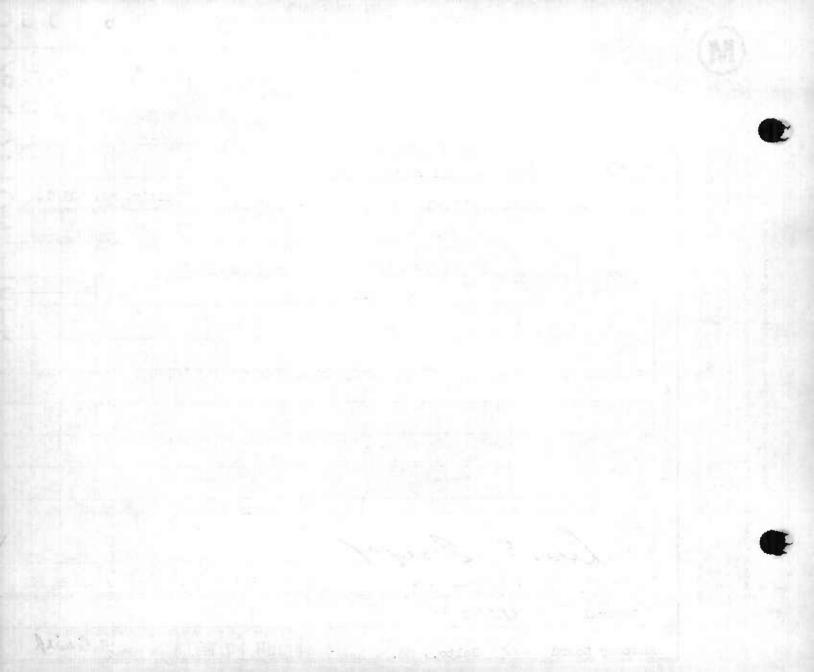
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		201554
The state of		
Sheet Little Little		

(VRA 15, 4)



3	1- FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											4 0	5		
	I. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE			20. DATE KNOWN MI			_ MON			2b. HO	
USS AFTER DEATH. IF ANY DELAY IS NECESSARY, THE BE GIVE PAGES I, 2, AND 31 OTHE FUNERAL DIRECTED WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR PILIT. PAGES I AND 2 SHOULD BE FILED. WITHIN 72 HOUD DIVISION OF VITAL RECORDS, 201 W. PRESTON SINE	3. SE)	M	RACE W	5. DATE OF BIRTH	1°C	6. AGE IN YEAR LAST BIRTHD	MONTE		DER 24 HRS	PRONOUN DEAD	ICED	MÖN		10 ₁₉ 83	2d HC
	FO		SA	76. CITIZEN OF WI	3612		WIDOW		ARRIED	9. BALTIM	rford		UNTYO	FDEATH	
2]	Bel Air		11. NAME OF HOS	CHITY, GIVE S	TREET ADDRESS)	R Rd		12a. US FOR	SUAL OCCUP R MOST OF WORK	ATION (T		DRK 12b.	KIND OF BI OR INDUST	USINESS
1	13a. S	TATE MD	13b. COUP	OR OTHER INSTITUTION, GI	VE RESIDENCE	OR TOWN)N)	13d. INSIDE CITY LIMIT	13e. ST	REET ADDRE	Sela:	ir,	Md.	2101	4
-	160. V	ATHER'S NAME FIRST	EVER IN U.S. AR	MIDDLE		Houtin	NO.	15. MOTHER'S M. FIRST	AIDEN NAM	ME MI	ADDRES	SS	Van	LAST Hout	in
1	{YI	18. CAUSE OF	(N) IF YES, GIVE	E WAR OR DATES)	199	-05-58		Person	al Pa	pers				APPROXIMAT	E INTERVAL
	NO	lying caus	COUSE (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).												
3	CERTIFICATION	19a DATE OF C	OPERATION	196 CONDIT	ION FOR	WHICH OPER	W NOITA	AS PERFORMED?					20	AUTOPSY YES	? NO [
			OR G CAUSE OF		. MONTH	19		OW INJURY OCCU	IRRED LENTER	R NATURE OF INJ	URY IN ITEM 1	8 PART 1 O	OR PART 2)		
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		death resulted	fram: Natu	ge of the remains des	Accident	. Sui	Autops	Hamicide TITLE (SPECIFY	')	Inquiry etermined ma	nner 🗌	, DA	ay apinian	6–10-	-83
-	23o.Bl	IRIAL CREMAT	ION REMOVAL		23c. 1			ADDRESS 464		OCATION YOR TOWN	. Hav		De Gi		
ł		Remov		6/11/83				25a. DA		Y REGISTRAI	R 256. REC				TATE
		Anatomy	Board		lto.,	Md.			UN 1	7 1983	100	hu	-06	shel	N.



- (5 5 7 5 k) r CONTRACTOR OF THE PROPERTY. The following the second of th You was present I am street the the fine all there July 1, 1963 Wester Descript , Hangsung Corroll Startland

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axl.	1,	FOR				AARYLAND HAND MENTAL HY	GIENE 3	6 4	0 8	3
		STATE REGISTRAR	MEI	DICAL EXAMIN	ER'S C	CERTIFICATE OF	DEATH REG.	NO.		
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE KNOWN	MONTH	DAY YEAR	2b. HOUR
# ~ S E -	(TYF	E OR PRINT)	OMAS	Lee	WILS	ON. Jr.	OF ESTI- DEATH MATED	6-16-	93.0	
REF TO TEA	3. SEX		5. DATE OF BIRTH	6. AGE (IN YEA					DAY YEAR	2d HOUR
Z E STEC		Male White	July 2,	MEAN ALONGOLOGICA	YI MONT	HS DAYS HOURS	PRONOUNCED DEAD	- 1-	07	E EED
AK D Y O D	70 B	RTHPLACE (STATE OR	July 2,	IAT COUNTRY?	_			6-16-		\$:55R
SE S	A FC	REIGN COUNTRY)				IED NEVER MARRIED	M		o. DEATH	
IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED MITH V 22 HOURS		TY OR TOWN OF DEATH	in U.	PITAL, NURSING HOME,	WIDOW		20. USUAL OCCUPATION (1	County	L KIND OF B	MD.
ELY IS	10,	Whiteford	RT. 136	Whiteford C	luarr	'y	Maintenance	e Man	Bowl i	ing
2120	35 13a. S	AL RESIDENCE (IF IN NU TATE Md.	imore	13 CITY OR TOWN	IN)	13d. INSIDE CITY LIMITS? TES NO 2	3e STREET ADDRESS YOKO	ma Roc	Alle	y 204.
AD	77 14. F.	ATHER'S NAME	MIDDLE			TS. MOTHER'S MAIDEN				
DEATH DEATH GES 1, M PM	20	Thomas	1.00	Wilson.	Sr.	Lila	MIDDLE	Steff	enhag	ien
N D W D N D N D N D N D N D N D N D N D		WAS DECEASED EVER IN U.S. ARA	NED FORCES?	166 SOCIAL SECURITY	NO.	17 INFORMANT Car	non Fallogre	ssMinn	. 550	9.
BALTIMORE SS AFTER DE/ GIVE PAGE VITH FORM I	11 "	es, no, or unknown) (if yes, give v		2		Thomas Le	e Wilson,	St	Rout	e # 1
ST., BA OURS A OURS A MIT. PA MIT. PA		18 CAUSE OF DEATH (Enter ani		for (a) (b) and (c))		1.110			APPROXIMAT	TE INTERVAL
ON ST., 24 HOUR TIEM 18. ONG W PERMIT.		PART I DEATH WAS CAUSED	BY:						BETWEEN ONSE	T AND DEATH
O PER INC.	\$ 7	9108 IMMEDIAT	E CAUSE (o)	Orowning As a consequence of)F					
L IN A PES	E	Canditions, if any, which								
Y NCINE	8	gove rise to immediate couse (a) stating the under-	(b)	AS A CONSEQUENCE C	AE.					
MEN AND AND AND AND AND AND AND AND AND AN	ż	lying couse lost.	50E 10, 0K	AS A CONSEQUENCE C	' F					
S.2	9	PART 2 OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO OF ATH	BUT NOT BY LAYOUT TO THE TOPH	NAL OWERA					
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 1130 E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIER DEATH. IN TE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 28 RAWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. E. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PRESS 1, AND 2, 3. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHIN	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTERBUTING TO GEATH	ENT HOL METATED TO THE LEWMI	NAL UISEAS	E OR CONDITION GIVEN IN PART	I (g).			
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A SEE SE	E E								YES XX	NO
AEN MEN MEN MEN MEN MEN MEN MEN MEN MEN M	8 7 8	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY		,	ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART	2)	
N FIG	2 3	UNDERLYING XXOR CONTRIBUTING CAUSE OF D	EATH P.M	MOUTH BANS FEAR	s	ubject found	d in water			
IVISION OF CERTIFICATE TING THE WE SED TO THE DEPARTMEN	FDIC	21d. INJURY OCCURRED	21e PLACE C	OF INJURY (AT HOME,	211 LO	CATION		1 14		
7344A	21201	AT WORK AT WORK	x simplified	OR FYRM, ETC.)		. 136	cm on Why tef	ord, of the	ryland	STATE
ATE S	91/1	220. I certify that I took charge	e of the remains des	cribed obove, held on	Autop	sy X. Inspection	, Inquiry ,	ond in my apın	ion	
MANN FIND FIND FIND FIND FIND FIND FIND FI	\$ 1X	death resulted from: Notur	al couses ,	Accident XX Sui	cide L	, Hamicide	Undetermined monner],		
WIT SERVICE STATE OF SERVICE STATE STATE OF SERVICE STATE STATE OF SERVICE STATE STATE OF SERVICE STATE	3	II Au	A min	. 61		TITLE (SPECIFY)				
A H H H H	, ×	ACTUAL SIGNATURE	here III	e mu	N	Assistant	_MEDICAL EXAMINER	DATE SIGNED	5-17-83	5
DIC NER OF A	ő n	EVALUE IED/C NIAME				111 D.	- CTunnt			
A S S S S S S S S S S S S S S S S S S S		(TYPE OR PRINT) Marc	arita A.	Korell, M.D.			n STreet			
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST	230 B	URIAL, CREMATION, REMOVAL 2	b DATE	23c. NAME OF CEM	AETERY C	OR CREMATORY	23d LOCATION CITY OR TOWN Y—Cannon F CD. BY REGISTRAR 255 RE	COUNTY	5	TATE
BP		Burial Ju	ne 22.1	983-St. P	ius	V Cemetes	y-Cannon F	'alls-	Goodh	ue-
DHMH - 17	24 F	NAME JOHN	A. Moro	n.Inc.Fun	era	1 Hone DATE RE	C'D. BY REGISTRAR 256 RE	GISTRAR'S SIG	NATURE M	ipn.
(VR A15 ME (5)) 30	00 E. Baltimo	re St	Balto. M	d.	21224. JUN	20 1983 /	hugh	, lossel	4
20M 4/82										

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	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 3	NO.	6 4	0 9
oge 3 deoth	(TYP)	CEASED NAME FIRST	A	W.	400	dhand	20. DATE OF DEATH	MONTH E	9 83	3 45 AM
ofter, p	3. SE	Female	1. RACE Whi	te	5. DATE O	· 23, 1892	6. AGE (IN YEARS LAST			OURS MIN.
na Z dir	No	RTHPLACE (STATE OR FOREIGN	U.S.	WHAT COUNTRY?	8. MARRIED WIDOWE	NEVER MARRIED	HALLO		OF DEATH	MD.
Col 1	+	AVRO DE GENCE	CHIZ	CH FACILITY, GIVE STREET	SING	HOME	120. USUAL OCCUP (TYPE OF WORK FOR MO HOUSEW.	ST OF WORKING LIFE	12b. KIND OF B INDUSTRY at he	
200	130. 5		or other instituted	130. CITY OR JOY	ast	13d. INSIDE CITY LIMITS? YES NO 🔯	13e STREET ADDRES	32	21	901
Proposition of the) [William	MIDDIE	William	3	Annie FIRST	AME MIDDLI		Brigh	ht
Page 7		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	215-74-	2010	Virginia W.		532 No.	rth East	Md.
attending physics ove corbon papers from ar remayor aymatic event, th		Conditions, if ony, which	only ane cause pe SED BY: ATE CAUSE (a) DUE TO, G	1)	reles	ic Dec	embers	alin	APPROXIMA BETWEEN OPS	E INTERVAL ET AND DEATH
ol, cremo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	DR AS A CONSEOU	SEE OF	W. D.	0		?	
prior to buri	CERTIFICATION	PART 2 OTHER SIGNE CAN PRODUCE 190. DATE OF OPERATION	1, 6	Hd C	V.A	NOT RELATED TO THE LER	200 AUTOPSY?	nell 20b. IF YES	WERE FINDINGS	
7	10000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING \(\text{ CAUSE OF E} \)		OF INJURY	AY YEAR	21c. HOW INJURY OCCU	YES NO	YES		NO []
and Mento	MEDICAL	21d INJURY OCCURRED	P 21s. PLACE	OF INJURY REET, FACTORY, OFFICE, I	ARM. ETC.)	211 LOCATION -STREET	CITY O	2 TOWN	COUNTY	STATE
pt. of Health em. 21 is mor		220.1 certify that (I) (this has sow the decesed alive a abave, (I) (we) (did) (did	on (01)	29// 198		d that in (my) (our) opinio	to	29 e date and have		4
ANT. If It		PHYSICIAN'S NAME (TYPI	E OR PRINT)	1000	1	ATTENDING	ANDICAL S DIRECTOR PHY	TAFF SICIAN []	6	9/83
MPORT	122 (EDWAR	O.	L00,	MS	Haure a	de Epr	ree,	ud:	21078
	T.	surial, cremation, remove specy.	June			n Manon Memo	Pk. Elktoi		ecilc.	state.
16 50M 4/82	24 FI	INERAL DIRECTOR	FUNE YAL	HONE ADDRESO 1	9. E11	250g P	TE REG D AY MOOS	AR 256 REGIST	BAR'S SIGNATUR	E &

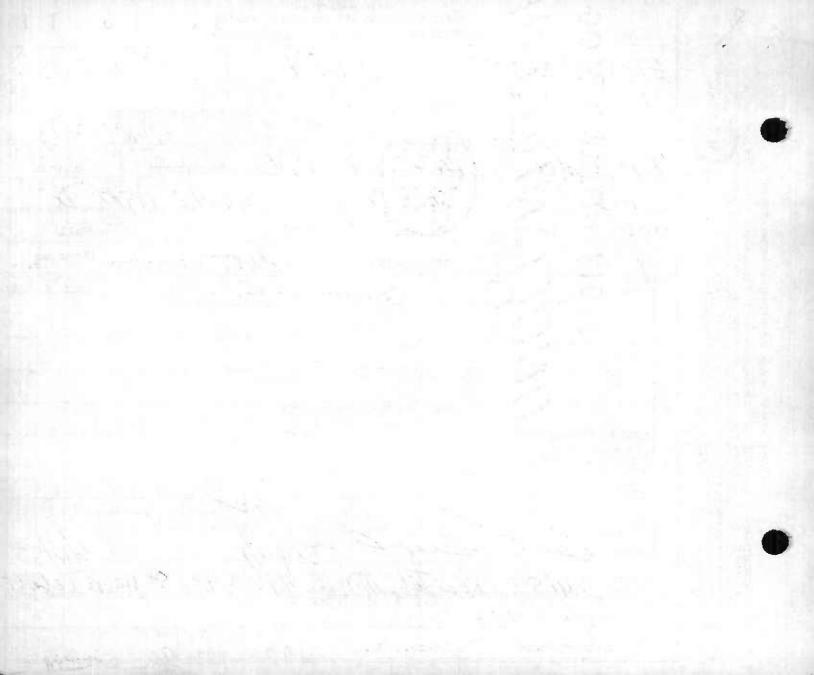
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me The					TE OF DEATH	REG. NO		O 609 1	U
poge 3		Peorge	/homas	Wood	ward	JUNE 1.	4 198	73 3: 2b. HO	A
4 P. 1	3. SEX	N. RACE	FE	S. DATE OF BE	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.	DER I YEAR IF UNDE	MIN.
neral direct n 72 hours.	76 BIRTHPLACE (STATE OF COUNTRY) YES! AN	FOREIGN 76. CITIZEN O	WHAT COUNTRY?	10	NEVER MARRIED	9. BALTIMORE CITY OR		EATH	
by the fur filled within	HAVIE de Co	PATH 11. NAME OF	HOSPITAL, NURSIN			120. USUAL OCCUPATION OF WORK FOR MOST OF CHEM. ENSY.	WORKING LIFET IN	KIND OF BUSIN DUSTRY L.S. Gout 1	VESS OF
hin 24 haun ly filled in should be the grost be	USUAL RESIDENCE IF NUE	13b. COUNTY	N. GIVE RESIDENCE BEFORE	N 13d	. INSIDE CITY LIMITS?	130. STREET ADDRESS TO	Pump Ros	214	
ond 2 st	14 FATHER'S NAME ALBAN	Chester Field	Woodwa		MOTHER'S MAIDEN NA			Thomas	
ician and car ician and car ers. Pages 1. II.	160. WAS DECEASED EVER	(IF YES, GIVE WAR OR DATES)	377-07-3	RITY NO. 17.	INFORMAN (WITE) 83	38-7024 ADDRES	108 RED F	2	
that the death certificate I by the ottending physic cose remove carbon pape of, cremation, or removal rather troumatic event, t	Conditions, if on gove rise to in couse (a), statunderlying cous	which (b) (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	OR AS CONSEQUE	The state of the s	gente contr	short 1. hope	T	APPROXIMATE INTE BETWEEN ONSET ANI	
N: The low requires vysicion. icote has been signed consil permit. Then pli Hygiene prior to burin 18 shows ony injury, o	190 DATE OF OPERA	IDERLYING 216. TIME	ONTRIBUTING TO E	OPERATION W	AS PERFORMED	- dite	IN CERTIFYING YES	RE FINDINGS USE CAUSES OF DEA NO [TH?
OR ATTENDING PHYS he haspital or attending the haspital or attentis controlled for use as the bur acched for use as the bur a Dept. of Health and Me If them 21 is marked or it is marked or i	1 21	RRED 21e. PLAC		ARM, ETC.)	REE	CITY OR TOW depth occurred on the dot MEDICAL STAFF DIRECTOR PHYSICIA	19_ re and hour and	83, that (1)	toted
TO HOSPITAL retained by the TO FUNERAL should be determined with the Store I IMPORTANT: I	230. BURIAL, CREMATION	REMOVAL 23b DATE	1.0. 3) 23c.N	S Sol	e. ADDRESS	Tre. Hon	me de	Gurat	M
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HOLES CHECKELLE LAND THE WALL STORY CONTRACT TO THE SHAPE first your kess sou x - A last utilizanii jordonore Line party Walkery ages and A homeway and deep from Lorder 100 per on property and a 1205 - 50-1005. MARKET STATE OF THE STATE OF TH Brief Dennis College Eller College Col

1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3	6411
1.0	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.	ONTH SAY - YEAR DE HC
STREET,	FLOY WINNETT INRAY DEATH MATED [45.08326
18	A RACE S DATE OF BIRTH & AGE (19 YEARS IF UNDER 1 YR. IF UNDER 24 HRS 21. DATE MO	ACTON CONTRACTOR
714	BURTHPLACE ISTANCON THE CITIZEN OF WHAT COUNTRY? B. MARRIED D. NEVER MARRIED TO BALTIMORE CITY OR CO	DUNTY OF DEATH
X	Illinois U.S. WIDOWED DINORCED DI HAK	FORD.
At	CITY OF TOWN OF DEATH AT NAME OF HOSPITAL NURSING HOME, OF OTHER INSTITUTION ITS USUAL OCCUPATION IT THE OF WITH OF WARRING LIFE SECRETARY	OR INDUSTRY Church
134	STATE TO STATE TO STATE TO STATE OF COUNTY STATE STATE STATE TO STATE ST	H 20903
18	FATHER'S NAME MEDIE M	Hall
166	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT // pd. ADDRESS	10000002
1	M Yes WWI 353-22-5534 - James Wr	(Same #13.)
	18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Concurred Constitution of the course per line for (a), (b), and (c).)	BETWEEN ONSET AND BEA
	1990 IMMEDIATE CAUSE (a)	
N, OR REMOVAL	Conditions, if any, which	
	gave rise to immediate (b)	
NON	lying couse lost.	
1.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTENBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DE CONDITION SIVEN IN PART 1 (a).	
CERTIFICATION	1% DATE OF OPERATION 16 CONDITION FOR WHICH OPERATION WAS PERFORMED?	16 AUTOPSY?
7 2		YES D NO D
7 8	21s. EXTERNAL CAUSE WAS 21s. TIME OF INJURY 21s. HOW SNJURY OCCURRED. (INTERNALISE OF BUILDINGS FARE)	7. 5-51 (min) 3. 100 (min)
200	TOUR AM MONTH DAT TEAM	
MEDICAL	THE INJURY OCCURRED ZIE PLACE OF INJURY (AT HOME. ZIII LOCATION WHILE IN MOST MARKE ITS STREET, PACTORY, GARM, STC.) STREET CITY OF TOWN	1920
1 2	WHILE AT WORK AT WORK AT WORK	COUNTY STATE
		my opinion
1.	death resulted from Natural couses Accident . Swicide . Homicide . Undetermined manner .	//40
	D. C. C. LILLE ISPECIFY.	11.1-
_		HIGNED 46/80
730	EXAMINER'S NAME / 1 C F PENETEL MD 111 DIE ANA CST 11	a lor 1/2 lon
4	(TYPE OR PRINT) LUSS TO THE STATE OF THE STA	AVKELEGAL
230	BURIAL, CREMATION, REMOVAL 236 DATE 234. NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN	COUNTY STATE
	Removal 6/6/83	
24.	FUNERAL DIRECTOR ADDRESS ADD	AR'S SIGNATURE
	Anatomy Board Balto., Md. JUN 9 1093	000
	John	the Cheek



STATE OF MARYLAND

